

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF COLORADO, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES, et al.,

Defendants.

DECLARATION OF SARA GAGNÉ-HOLMES

I, Sara Gagné-Holmes, declare as follows:

1. I am a resident of the State of Maine. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.
2. I am currently employed by the State of Maine Department of Health and Human Services “Maine DHHS” as its Commissioner.
3. As part of my duties as Commissioner, I am responsible for, and oversee, the administration of Maine DHHS, its offices, programs, and services.
4. Our agency recently received 6 award terminations: 4 from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (“CDC”), and 2 from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services

Administration (“SAMHSA”). The total value of the terminated awards was approximately \$91,272,214 .

5. Upon information and belief, all terminations from the CDC to Maine DHHS stated that they were “for cause” based on the end of the COVID pandemic, rather than failure of Maine DHHS to follow the terms or conditions of the grants. Each CDC award termination uses the same identical form language stating that: “The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.”

6. Upon information and belief, each SAMHSA grant was terminated on March 24, 2025, by notice stating that: “The basis for the grant termination was that the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (H.R.6074) (CRRSA) and the American Rescue Plan (ARP) Act of 2021(H.R. 1319) were issued for a limited purpose: To ameliorate the effects of the pandemic. On April 10, 2023, President Biden signed PL 188-3 terminating the national emergency concerning the COVID-19 pandemic. “The end of the pandemic provides cause to terminate COVID-related grants. Now that the pandemic is over, the grants are no longer necessary.” The grants were terminated “to reduce the overall Federal spending” as part of the implementation of the President’s “Department of Government Efficiency” Cost Efficiency Initiative requiring a comprehensive review of SAMHSA grants, and where appropriate and consistent with applicable law, to terminate such grants. No other information or clarification was provided.

7. Upon information and belief, on March 28, 2025, SAMHSA sent notice which “replaces and supersedes the previous notice” terminating the grant “for cause” stating that termination is permitted if: “the state ‘has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved.’ The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.” The March 28, 2025 notice did not, however, specify the terms or conditions of the agreement which it believes the state failed to comply with.

8. Upon information and belief, on March 29, 2025, SAMHSA sent another notice regarding the Community Block Grant for Mental Health Services with instructions to find a Notice of Award regarding the grant. The Notice of Award, dated March 28, 2025, notified Maine DHHS that it was awarding a grant in the amount of \$0 for the period September 1, 2021 through March 24, 2025. The Notice of Award went on to state that the award was being terminated “for cause”. The stated basis for cause was, “state has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved. The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.”

9. Descriptions of each award and the effects of these terminations follow.

Immunization and Vaccines for Children [6NH23IP922604-05-09]

10. Upon information and belief, in 2019, the Centers for Disease Control and Prevention invited applications for IP19-1901: Immunization and Vaccines for Children.

11. Upon information and belief, the purpose of the grant was to build upon the Vaccines for Children (“VFC”) entitlement program created by Congress in 1993 to improve vaccine availability nationwide. As part of the VFC program, the CDC purchases vaccines at a discount, then distributes them to program providers at the direction of awardees, like Maine DHHS, who receive operational funding to implement and oversee their respective VFC programs. Specifically, the purpose of this grant was to support public health systems to ensure high vaccination coverage, lower the incidence of vaccine preventable diseases (VPD), and increase the ability to respond to VPD threats.

12. Upon information and belief, as set out in its grant proposal, Maine DHHS intended to use the Immunization and Vaccines for Children grant to enhance programmatic accountability, assess program performance, assure access to vaccine across a very large geographic area, enhance Maine’s Immunization Information System (IIS), and conduct and participate in preparedness activities.

13. Upon information and belief, on June 24, 2019, CDC produced a Notice of Award setting forth the terms and conditions of the grant award. A true and correct copy of the Notice of Award and its attachments, dated June 24, 2019, is attached as Exhibit A.

14. Upon information and belief, the Immunization and Vaccines for Children grant is a five-year grant that was initially awarded on June 24, 2019, and was slated to end on June 30, 2024. However, the CDC granted an extension of the term of the award to December 31, 2024, then extended it a second time to June 30, 2025.

15. Upon information and belief, since July 2019, Maine DHHS has used the Immunization and Vaccines for Children grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and Maine DHHS's grant application.

16. Upon information and belief, Maine DHHS has utilized these funds to expand access to vaccines, enhance Maine's IIS, enhance program accountability and performance, engage with racial and ethnic minority groups, and support vaccine clinic activities. Through the enhancement of the IIS, additional work force, and mini grants to ethnic community-based organizations, Maine DHHS's immunization program was able to enroll and supply vaccines to over 800 provider locations. This work resulted in vaccination of over 95% of the state's adult population for COVID-19, while ensuring health equity.

17. Upon information and belief, Maine DHHS received several supplemental funding awards under this grant, beginning on June 4, 2020, and continuing through November 11, 2024. These supplemental funds supported work for emergent needs above and beyond a response to the COVID-19 public health emergency. CDC issued guidance allowing states to utilize funds for building or enhancing adult vaccination programs, funding community-based organizations, enhancing vaccine confidence through messaging, and bolstering Immunization Information Systems.

18. Upon information and belief, although Maine DHHS is still in the process of determining the amounts of any invoices processed after the date of termination for work done prior to the date of termination, as of March 24, 2025, approximately \$25,058,872 dollars remain in funds committed by CDC to Maine DHHS. The award's end date was originally set as June 30, 2025, but CDC allowed states to submit no cost extension requests to extend the availability of these funds, and the project term, to June 30, 2027. Maine DHHS submitted a timely request for

such an extension; accordingly, it expected these funds to remain available through 2027. Maine DHHS intended to use these funds in its continuing effort to increase vaccine access and confidence, as well as to bolster Maine's capacity to respond to outbreaks of VPD and build sustainability in the public health infrastructure and workforce. In addition, Maine DHHS intended to use the funds to continue to support the IIS.

19. Upon information and belief, at the time of termination, Maine DHHS was drawing down from Payment Management Systems on a daily basis to ensure accurate and timely cash management. The majority of the payments were based on a reimbursement model, with some contracts utilizing a cash settled agreement.

20. Upon information and belief, Maine DHHS has a long history of being an excellent custodian of all grant funding. Grants compliance is of the utmost importance, as demonstrated by Maine DHHS's timely submissions and compliance with all grant reporting requirements since the start of the grant period. CDC indicated that Maine DHHS programmatic updates and financial reports demonstrated satisfactory progress, and made no recommendations for improvements. As of the last reporting period, CDC commended Maine DHHS for its extensive partnerships and outreach.

21. Upon information and belief, on March 24, 2025, without any prior notice or indication, CDC issued a Notice of Award Amendment informing Maine DHHS that effective March 24, 2025 any remaining COVID-19 funding in Document Numbers 19NH23IP922604C3, 20NH23IP922604C5, 20NH23IP922604C6, and 20NH23IP922604IISC6 of its Immunization and Vaccines for Children Grant was terminated as of March 24, 2025. A true and correct copy of the termination notice is attached as Exhibit B.

22. On March 25, 2025, at 7:17 a.m., Maine DHHS received an email with the subject line “The Grant for Maine Department Of Health And Human Services (6 NH23IP922604-05-09) has been awarded.” Attached was a Notice of Award terminating remaining COVID funds *and* all core operational funds which support non-COVID related work. Shortly thereafter, CDC submitted a grant note in the GrantSolutions portal acknowledging that this was an error and stating that a new Notice of Award would be issued. The new Notice of Award, dated March 25, 2025, reallocated core operational funds without terms and conditions, but terminated all COVID-related funding.

23. According to CDC, the grant termination was for cause. The notice asserted that “the end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperatives are no longer necessary as their limited purpose has run out.”

24. Upon information and belief, Maine DHHS relied and acted upon its expectation and understanding that CDC would fulfill its commitment to provide the Immunization and Vaccines for Children Grant funding it had awarded to Maine DHHS. As a result of its reliance on this funding, Maine DHHS has existing contract obligations for these funds to support employment of staff and community-based organizations, enhance the IIS, provide statewide vaccine education, and enhance a consumer access-based application. As a result of the termination of the grant award, these obligations will now go unmet without any prior notice to vendors. Staffing has been precipitously reduced without adequate preparation, and critical modifications to the IIS, which serves as a central repository for the state’s immunization records, remain incomplete.

25. Upon information and belief, termination of these funds jeopardizes the sustainability of the IIS, limits response capabilities, and threatens partnerships with organizations. Funding was intended to be used to support emergency response effort through training and purchasing mobile clinic pods and equipment that could be deployed across the state – both of which would be critical, lifesaving assets during an outbreak response. Other funds were allocated to support community-based organizations and other healthcare partners to extend the reach of response efforts and routine vaccination efforts to include the most remote parts of the state. Pulling back this funding puts Maine DHHS's partners at financial risk and strains the relationships that have been established over the past five years.

26. Upon information and belief, prior to terminating the grant award, CDC had never provided Maine DHHS with notice, written or otherwise, that Maine DHHS's administration of the grant funds, or the public health improvements effected with those grant funds, were in any way unsatisfactory.

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments [6NU5OCK000523-523-05-08]

27. Upon information and belief, in 2019, CDC invited applications for Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC).

28. Upon information and belief, the ELC grant builds upon the ELC a program CDC initiated in 1995 to address emerging infectious disease threats. The purpose of this grant is to enhance the capacity of public health agencies to effectively detect, prevent, control, and respond to known and emerging (or re-emerging) infectious diseases. This purpose is accomplished by providing financial and technical resources to: (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among

epidemiology, laboratory, and information system components of public health departments. CDC issues updated guidance and modifications annually along with guidance for any awards issued outside the normal funding cycle. These guidance documents can include hundreds of pages of information, which Maine DHHS reviews and ensures compliance with.

29. Upon information and belief, as set out in its grant proposal, Maine DHHS intended to use the ELC grant to build public health infrastructure, perform infectious disease surveillance and control, maintain and enhance laboratory operations for infectious disease, identify and reduce healthcare acquired infections, increase health literacy and education, build informatics systems and work towards data modernization and interoperability. ELC is a major funder of Maine DHHS's infectious disease epidemiology program, public health laboratory, and healthcare epidemiology team. The ELC is therefore critical in supporting the health and wellness of Maine residents.

30. Upon information and belief, Maine DHHS received a Notice of Award on July 10, 2019 for the project period of August 1, 2019 through July 31, 2024. A true and correct copy of the corresponding Notice of Award is attached as Exhibit C.

31. Upon information and belief, Maine DHHS completed, and CDC approved, annual renewal applications through 2023. CDC issued a no-cost extension for select ELC funds extending the project period through July 31, 2026. In 2024, CDC issued new ELC funding for a project period of August 1, 2024 through July 31, 2029. Maine DHHS has used the ELC grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and Maine DHHS' grant application.

32. Upon information and belief, Maine DHHS has used ELC grant funds to support COVID-19 case and outbreak investigations, contact tracing, laboratory sampling and testing,

social supports for maintaining isolation and quarantine, building infrastructure, technology costs, informatics improvements, data automation, health education expansion, surveillance and data analytics, accessible data dashboards, public health laboratory modernization, coordination of response across multiple state agencies, and emergency preparedness.

33. Upon information and belief, although Maine DHHS is still in the process of determining the amounts of any invoices processed after the date of termination for work done prior to the date of termination, as of March 24, 2025, approximately \$58,083,966 remained committed to Maine DHHS for the project period ending July 31, 2026.

34. Upon information and belief, Maine DHHS has a long history of being an excellent custodian of all grant funding. Grants compliance is of the utmost importance, as demonstrated by Maine DHHS's timely submissions and compliance with all grant reporting requirements since the start of the grant period. CDC indicated that Maine DHHS programmatic updates and financial reports demonstrated satisfactory progress and made no recommendations for improvements. Maine DHHS provided routine progress reports throughout the lifespan of the funding, completed performance measure tracking, and routinely met with its assigned CDC Project Officer.

35. On March 25, 2025, without any prior notice or indication, CDC informed Maine DHHS that, effective March 24, 2025, four funding lines for the ELC grant were being terminated. A true and correct copy of the grant award termination is attached as Exhibit D. According to CDC, the grant termination was "for cause." The notice asserted that "the end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperatives are no longer necessary as their limited purpose has run out."

36. Maine DHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide the ELC funding it awarded to Maine DHHS. As a result of its reliance on this funding, Maine DHHS has encumbered contracts supported by ELC funds to support staffing efforts which include over 60 staff at least partially funded by the ELC; support infrastructure including servers, databases, data system licenses, maintenance agreements, data analytics, software upgrade data systems, including the laboratory information management system, the national electronic disease surveillance system, syndromic surveillance, bed availability, and the consult tracking system; modernize lab space and equipment ensuring safety and efficiency for lab employees; support community needs assessment; and conduct educational outreach including a planned respiratory media campaign, and large orders of printed materials that were intended to be released statewide.

37. As a result of the sudden termination of these funds, Maine DHHS has been forced to cancel contracts, race to notify affected staff so they would not work without pay, abruptly end direct services, realign data modernization priorities, and seek alternative sources of funding for critical infrastructure costs.

38. Prior to the March 25, 2025 grant award termination, CDC never provided Maine DHHS with notice, written or otherwise, that Maine DHHS's administration of the grant funds, or the public health improvements effected with those funds, were in any way unsatisfactory.

Maine's Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Undeserved, Including Racial and Ethnic Minority Populations and Rural Communities [6NH75OT000043-01-04]

39. Upon information and belief, in 2021, the CDC invited applications for CDC-RFA-OT21 2103: National Initiative to Address COVID-19 Health Disparities Among Populations at

High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (“Disparities”).

40. Upon information and belief, the purpose of the Disparities grant was used to address COVID-19 related health disparities and advance health equity by expanding state, local, U.S. territorial, and freely associated state health department capacity and services in order to: reduce COVID-19 related health disparities; improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities; and improve state, local, and U.S. territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection or transmission among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. The original grant period was for two years, beginning on June 1, 2021 and ending on May 31, 2023.

41. Upon information and belief, as set out in its grant proposal, Maine DHHS intended to use the Disparities grant to put into action a series of initiatives aimed at decreasing health disparities among the following communities disproportionately impacted by COVID-19 morbidity and mortality in Maine: Black, Indigenous, and People of Color (BIPOC), New Mainers, and rural communities. Maine DHHS’ Office of Population Health Equity intended to lead these grant initiatives across in collaboration with others within Maine DHHS.

42. Upon information and belief, in May 2021, Maine DHHS received notice that its grant application was approved for a two-year performance and budget period beginning June 1, 2021 and ending May 31, 2023. All future funding would be based on satisfactory programmatic progress and availability of funds. During the course of the grant period, Maine DHHS received two no cost extensions to the grant period. The first no cost extension was awarded on March 30,

2022 and extended the grant period from May 31, 2023 to May 31, 2024. The second no cost extension was awarded on January 11, 2024 and extended the grant period from May 31, 2024 to May 31, 2026.

43. Upon information and belief, on May 28, 2021, CDC produced a Notice of Award setting forth the terms and conditions of the Disparities Grant. A true and correct copy of the corresponding Notice of Award and its attachments, dated May 28, 2021, is attached as Exhibit E. As set forth therein, termination of the grant by CDC is permitted only if a recipient or subrecipient has materially failed to comply with the terms and conditions of the award. As also set forth therein, CDC must notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award

44. Upon information and belief, since May 2021, Maine DHHS has used the Disparities grant in a manner fully consistent with CDC's statements regarding the nature of the grant and Maine DHHS's grant application.

45. Upon information and belief, Maine DHHS has used the grant funds to expand Maine state and community capacity and services to address health disparities among populations disproportionately impacted by COVID-19. Fourteen projects were funded through the grant, including several sub-projects, which sought to address the following priorities: improved data collection, management, analysis, and reporting; increased community and cross-sectoral partnerships; and expanded workforce and capacity to address health disparities in Maine. Slightly more than half of the grant award amount was distributed to community-based organizations statewide. This enabled community organizations directly serving populations in Maine disproportionately impacted by COVID-19 morbidity and mortality to effectively address health disparities within their communities, either through direct service provision to community

members, or by investing in their organizational infrastructure to ensure their sustained ability to engage in necessary direct service provision to community members beyond the grant period. Remaining grant funds were utilized for the following purposes: engagement in health equity data analysis to increase the Maine DHHS understanding of the health-related needs and challenges among priority populations; engagement in equity-capacity building to increase the Maine DHHS ability to implement equity-informed strategies; engagement in a perinatal health disparities evaluation to address maternal morbidity and mortality in Maine; dissemination of culturally and linguistically appropriate communications to support Maine DHHS with maintaining member enrollment in Medicaid during and after the COVID-19 public health emergency; investment in rural health networks and workforce development to address health disparities among populations in Maine living rurally, including investment in Emergency Medical Services Community Paramedicine and Systems of Care and rural telehealth systems; investment in school-based health centers to support Maine youth with behavioral and oral health needs; and investment in public health emergency preparedness and response systems throughout Maine.

46. Upon information and belief, although Maine DHHS is still in the process of determining the amounts of any invoices processed after the date of termination for work done prior to the date of termination, as of March 24, 2025, approximately \$4,869,487 of Disparities Grant funding remains, and with approximately \$2,000,000 of that amount already encumbered into contracts. Consistent with its work plan approved by CDC, Maine DHHS intended to reallocate the remaining Disparities grant funds to existing Maine DHHS initiatives in order to maximize the impact of the committed grant funds by the previously established performance end date of May 31, 2026.

47. Upon information and belief, Maine DHHS has a long history of being an excellent custodian of all grant funding. Grants compliance is of the upmost importance and is demonstrated by timely submissions and compliance with all grant and reporting requirements since the start of the grant period. CDC indicated that Maine DHHS programmatic updates and financial reports demonstrated satisfactory progress and no recommendations for improvement were ever made.

48. Upon information and belief, on March 25, 2025, without any prior notice or indication, CDC informed Maine DHHS that effective March 24, 2025 its Disparities grant was being terminated as of March 24, 2025. A true and correct copy of the grant award termination Notice of Award is attached as Exhibit F.

49. Upon information and belief, according to CDC, the grant termination was for cause. The notice asserted that “the end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperatives are no longer necessary as their limited purpose has run out.”

50. Upon information and belief, on March 25, 2025 Maine DHHS received an email notification from noreply@grantsolutions.com with subject line: “The Grant for Maine Department of Health and Human Services (6 NH75OT000043-01-04) has been awarded.” Information included in the body of the email indicated the following: “Application Type: Post Award Amendment” and “Amendment Type: Terminate” but did not indicate the termination was effective March 24, 2025. The effective date of the termination notice was indicated in the Notice of Award accessible by logging into GrantSolutions. The termination notice also indicated that all closeout reports must be submitted within thirty days of the notice, which contradicts the directive

in prior notices of award that closeout reports be submitted within 120 days of the period of performance end date.

51. Upon information and belief, Maine DHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide the Disparities Grant funding it awarded to Maine DHHS. Maine DHHS has relied on the expectation of these funds to support the mitigation of health disparities among high-risk and underserved populations in Maine as they relate to COVID-19 morbidity and mortality rates, and to ensure Maine DHHS, community organizations, and healthcare facilities statewide are better prepared to mitigate health disparities among high-risk and underserved populations in the case of future public health emergencies.

52. Upon information and belief, as a result of the termination of funds, the ability of Maine DHHS, community organizations, and healthcare facilities statewide to mitigate COVID-19 related health disparities among high-risk and underserved populations will be limited. The ability for those same entities to be better prepared to mitigate health disparities among high-risk and underserved populations in Maine in the case of another public health emergency will be similarly limited. Specifically, tribal health centers and a community organization serving tribal communities will experience early termination of contracts that will impact their ability to mitigate health disparities among tribal populations. A major hospital system in Maine which supports the expansion of the rural clinical preceptors network to expand the workforce in rural areas will also experience an early termination. Additionally, projects intended to sustain rural school-based health centers statewide will be prevented from moving forward, and staffing capacity across the Office of Population Health Equity within the Maine CDC will be abruptly reduced, significantly limiting staff capacity to ensure the meaningful utilization of funds to sustain impacts beyond the expected grant period.

52. Upon information and belief, prior to the grant award termination as of March 24, 2025, CDC never provided Maine DHHS with notice, written or otherwise, that the grant administered by Maine DHHS, and the public health improvements effected with the grant funds administered by Maine DHHS, was in any way unsatisfactory.

**Community Health Care Workers for Public Health Response and Resilient Communities
[6NU58DP007081-081-03-05]**

53. Upon information and belief, in 2021, the CDC invited applications for DP21-2109 Community Health Workers for COVID Response and Resilient Communities (“CCR”).

54. Upon information and belief, the purpose of this grant aims to strengthen the Community Health Worker (“CHW”) network across Maine, focusing on addressing COVID-19 disparities, improving health outcomes, and fostering resilience in rural areas, among racial and ethnic minorities, and within other at-risk populations.

55. Upon information and belief, as set out in its grant proposal, Maine DHHS intended to use the CCR to implement three core strategies designed to address the challenges posed by the pandemic and build long-term community resilience: training CHWs to support the COVID-19 response, expanding the CHW workforce to manage the spread of COVID-19 and enhancing utilization of resources to strengthen community resilience. This program provides critical services to individuals with uncontrolled asthma by teaching them to manage their symptoms which reduces the number of emergency room visits.

56. Upon information and belief, this grant was awarded on December 1, 2021, with a term to begin on December 30, 2021 and end on August 31, 2025. The amount received under this Notice of Award was \$ 995,698.

57. Upon information and belief, on December 1, 2021, CDC produced a Notice of Award setting forth the terms and conditions of the grant award. A true and correct copy of the

corresponding Notice of Award and its attachments, dated December 1, 2021, is attached as Exhibit G. As set forth therein, termination of the grant by CDC is permitted only if a recipient or subrecipient has a material failure to comply with the terms and conditions of this award. As also set forth therein, CDC must notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award.

58. Upon information and belief, since December 2021, Maine DHHS has used the CCR grant funds in a manner fully consistent with the CDC's statements regarding the nature of the grant and Maine DHHS's grant application. Maine DHHS submitted a carryover request asking permission to use CCR funds to implement the asthma self-management education program, which was approved by the CDC in the summer of 2024.

60. Upon information and belief, Maine DHHS has used CCR funds to provide grants to community health worker agencies to build CHW infrastructure for the next pandemic. CCR funding provided essential resources for building and enhancing the infrastructure necessary to support CHWs. Many sub-recipients used the funding to establish CHW-specific departments, implement structured workflows, and improve leadership capacity. These efforts enhanced operational efficiency and increased the reach of community health programs.

61. Upon information and belief, although Maine DHHS is still in the process of determining the amounts of any invoices processed after the date of termination for work done prior to the date of termination, the remaining funds committed by CDC to Maine DHHS as of March 24, 2025 was approximately \$281,343.40. These funds would have been used to continue to provide asthma management to approximately fifty identified people. A portion of those funds, approximately \$11,000, would have also been used to fund a portion of a senior health program manager's position through the original end date of September 30, 2025.

62. Upon information and belief, Maine DHHS has a long history of being an excellent custodian of all grant funding. Grants compliance is of the upmost importance and is demonstrated by all required grant being submitted before or on the due date, with none ever submitted late. Maine DHHS has been awarded non-compete funds annually since 2021, with the expectation that the grant cycle would end September 30, 2025. Maine DHHS has not received any negative feedback from CDC regarding its grant compliance.

63. Upon information and belief, on March 24, 2025, without any prior notice or indication, CDC informed Maine DHHS that effective March 24, 2025 its CCR grant was being terminated as of March 24, 2025. A true and correct copy of the grant award termination notice of award is attached as Exhibit H.

64. Upon information and belief, the Notice of Award stated the basis for the grant termination was: "The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out."

65. Upon information and belief, Maine DHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide CCR funding it had awarded to Maine DHHS. Maine DHHS relied upon receiving these funds and encumbered them into contracts with five community partners providing critical services. The hardship caused by the lack of prior notice and termination of funds is that less people will be able to participate in the asthma management program which could result in an increased number of emergency room visits.

66. Upon information and belief, prior to the grant award termination on March 24, 2025, CDC never provided Maine DHHS with notice, written or otherwise, that the grant

administered by Maine DHHS, and the public health improvements effected with the grant funds administered by Maine DHHS, was in any way unsatisfactory.

Community Mental Health Block Grant

67. Upon information and belief, in 2021, SAMHSA invited applications for American Rescue Plan Act (ARPA) of 2021 funding for the Community Mental Health Block Grant (MHBG).

68. Upon information and belief, states must spend the MHBG funds based on 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart I: Block Grants for Community Mental Health Services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). Consistent with HHS Disaster Relief Flexibilities, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements for the MHBG, as deemed necessary to facilitate a grantee's response to coronavirus. SAMHSA encourages states to consider a focus on support of a behavioral health crisis continuum. An effective statewide crisis system affords equal access to crisis supports that meet needs anytime, anywhere, and for anyone.

69. Upon information and belief, as set out in its grant proposal, Maine DHHS intended to use the ARPA funding for the Community Mental Health Block Grant to invest in the expansion of a statewide implementation of Coordinated Specialty Care (CSC) for early intervention for psychotic disorders, evidence-based crisis intervention models including adult crisis receiving and supportive short- term stabilization sites in each region across the state, and a pilot program to deliver high-fidelity wraparound services to children with SED or Autism Spectrum Disorder.

70. Upon information and belief, the federal award date for the ARPA grant was May 17, 2021. The award, in the amount of \$5,599,279.00, was to fund the specified services for the entire award period – from October 1, 2021 to September 30, 2025.

71. Upon information and belief, on May 17, 2021, SAMHSA produced a Notice of Award setting forth the terms and conditions of the grant award. A true and correct copy of the corresponding Notice of Award and its attachments, dated May 17, 2021, is attached as Exhibit I. As set forth therein, termination of the grant by SAMHSA is only permitted if a recipient or subrecipient is found in violation of the Trafficking Victims Protection Act of 2000. SAMHSA may additionally terminate the grant, pursuant to 42 U.S.C. §300x-55, if Maine DHHS has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved.

72. Upon information and belief, since September 2021, Maine DHHS has used the ARPA grant funds in a manner fully consistent with SAMHSA's statements regarding the nature of the grant and Maine DHHS's grant application.

73. Upon information and belief, Maine DHHS has used and expended the funds consistent with the funding plan submitted and approved in 2021. Investments were made in expanding CSC services for early intervention for psychotic disorders, to support treatment and psychoeducation. Evidenced based crisis intervention models expanded as well to include adult crisis receiving and supportive short term stabilization sites in each region across the state. Additionally, Maine DHHS is in the process of implementing a program to deliver high-fidelity wraparound service. These funds have been supporting increased access to services for Maine citizens with serious mental illness (SMI) and/or serious emotional disturbance (SED) and training

to support implementation of the High Fidelity Wraparound services for qualifying children – “Wraparound Behavioral Health Home Services”.

74. Upon information and belief, although Maine DHHS is still in the process of determining the amounts of any invoices processed after the date of termination for work done prior to the date of termination, as of March 24, 2025 Maine DHHS had approximately \$1,900,000 of the award remaining to expend by the performance end date of September 30, 2025. These funds were encumbered in contracts with providers to carry out the SAMSHA-approved plan. The providers invoice Maine DHHS under these contracts for work performed in implementing the grant on varying schedules, some monthly and some quarterly. Maine DHHS draws down from the Payment Management System (PMS) as approved invoices or expenses are to be paid.

75. Upon information and belief, Maine DHHS has a long history of being an excellent custodian of all grant funding. Grants compliance is of the upmost importance and is demonstrated by all grant submissions being on time or early, and fully expending funds by the performance end periods. Maine DHHS meets with the SAMHSA Government Project Officer on a monthly basis to discuss the activities of the grant and is consistently complimented on being good stewards of the grant.

76. Upon information and belief, on March 24, 2025, without any prior notice or indication, SAMHSA informed Maine DHHS by email that effective March 24, 2025 its Community Mental Health Services Block Grant for American Rescue Plan Act grant was being terminated effective immediately as of that date – March 24, 2025. A true and correct copy of the grant award termination email is attached as Exhibit J.

77. Upon information and belief, the sole basis for the grant termination was that the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (H.R.6074)

(CRRSA) and the American Rescue Plan (ARP) Act of 2021(H.R. 1319) were issued for a limited purpose: “To ameliorate the effects of the pandemic.” It went to say, “On April 10, 2023, President Biden signed PL 188-3 terminating the national emergency concerning the COVID-19 pandemic. The end of the pandemic provides cause to terminate COVID-related grants. Now that the pandemic is over, the grants are no longer necessary.” The grants were terminated “to reduce the overall Federal spending” as part of the implementation of the President’s “Department of Government Efficiency” Cost Efficiency Initiative requiring a comprehensive review of SAMHSA grants, and where appropriate and consistent with applicable law, to terminate such grants to reduce federal spending”.

78. Upon information and belief, this termination notice was sent to Maine’s State Mental Health Authority (SMHA) Commissioner outside of business hours at 5:50PM on March 24, 2025 and lacked information regarding appeal rights and process.

79. Upon information and belief, on March 28, 2025, SAMHSA sent notice which “replaces and supersedes the previous notice” terminating the grant “for cause” stating that termination is permitted if: “the state ‘has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved.’ The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.” The March 28, 2025 notice did not, however, specify the terms or conditions of the agreement which it believes the state failed to comply with. A true and correct copy of the grant award termination email is attached as Exhibit K.

80. Upon information and belief, on March 29, 2025, SAMHSA sent a third email with instructions to find a Notice of Award regarding the grant. The Notice of Award, dated March 28, 2025, notified Maine DHHS that it was awarding a grant in the amount of \$0 for the period September 1, 2021 through March 24, 2025. The Notice of Award went on to state that the award was being terminated “for cause”. The stated basis for cause was, “state has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved. The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.” A true and correct copy of the grant termination Notice of Award is attached as Exhibit L. However, these funds were awarded on a one-time basis to strengthen post-pandemic behavioral health services – *not* to address health challenges directly associated with the prior, COVID-19 public health emergency.

81. Upon information and belief, Maine DHHS relied and acted upon its expectation and understanding that SAMHSA would fulfill its commitment to provide ARPA funding it had awarded to Maine DHHS. Maine DHHS relied upon these funds to develop the necessary infrastructure for the expansion of these services. Maine DHHS and the citizens it serves have and will continue to endure substantial hardships due to the abrupt termination of these funds. Notice was given five minutes after the end of the day on which they were to terminate. This provided no notice for Maine DHHS to coordinate other funding sources to avoid any disruption of services. Contracts with subrecipients were established to deliver key components to implementation. Without funding, the future of the contracts are at stake and some key components may not be

deliverable. Moreover, this has the potential to negatively impact Maine DHHS' relationships with providers going forward and to put the viability of community-based providers at risk.

82. Upon information and belief, terminating this award will harm recipients of mental health services in Maine. Where these funds were allocated to support crisis services, the harmful impact of losing ARPA funds is widespread and may lead to higher acuity in vulnerable populations. CSC is a team based evidenced based practice designed to support individuals experiencing their First Episode of Psychosis (FEP). Longer durations of untreated FEP have been proven to result in negative outcomes for individuals and their families and increased treatment and stabilization expenses for states over the lives of the affected patients. As stated in the funding plan approved by DHHS SAMHSA, Maine DHHS has been using these funds to create the necessary infrastructure to respond to mental health service recipients' needs proactively. With the termination of this funding, the potential for early intervention is decreased, likely resulting in escalating crises, increased law enforcement involvement, and more frequent and long inpatient hospitalization for affected patients.

83. Upon information and belief, prior to the grant award termination, SAMHSA had never provided Maine DHHS with notice, written or otherwise, that the grant administered by Maine DHHS, and the public health improvements effected with the grant funds administered by Maine DHHS, was in any way unsatisfactory.

Substance Abuse Prevention and Treatment (SABG) Block Grant Program

84. Upon information and belief, in 2001, SAMHSA invited applications for ARPA Supplemental Funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program Funding was allocated to the Substance Abuse Block Grant as part of ARPA to provide additional funds to support states to address the effects of COVID-19, including the exacerbation

of existing mental illness and substance use disorders. All regular provisions of the statute and regulations pertaining to the SABG are fully applicable to the planning and expenditure of the SABG ARPA Supplemental Funding. This includes, but is not limited to, the definitions, assurances, requirements, and restrictions of the SABG standard funding. The SABG allocation requires states to expend not less than twenty percent (20%) of their total allocation for substance use disorder (SUD) primary prevention services for individuals who do not require treatment for substance abuse.

85. Upon information and belief, as set out in its grant proposal, Maine DHHS intended to use the SABG to increase provider capacity to treat adolescents for substance use, increase access to medically supervised withdrawal and residential treatment services, decrease barriers to accessing medications for opioid use disorder, shore up the Maine's Primary Prevention system, and expand secondary prevention services. These objectives were carefully chosen to address specific challenges identified throughout Maine's substance use continuum of care as part of a comprehensive effort to address escalating overdose mortality and other comorbid conditions. From 163 deaths in 2012, overdose deaths increased over 200% to 504 in 2020. Rates of acute hepatitis C showed a similar trajectory, increasing by over 300% since 2012, and by over 50% between 2018 and 2019.

86. Upon information and belief, funding was allocated to the SABG through ARPA on March 11, 2001. Guidance was issued to the Single State Authority on May 18, 2021 indicating the purpose of the supplemental award, limitations, suggested activities, and instructions on how to submit proposals. Maine DHHS's proposal was submitted through the WebBGAS portal on July 30, 2021 for project period September 1, 2021 through September 30, 2025. Maine OBH was informed that the proposal was approved by Donna Barcher-Belber, SPO on October 29, 2021.

87. Upon information and belief, on May 17, 2021, SAMHSA produced a Notice of Award setting forth the terms and conditions of the grant award. A true and correct copy of the corresponding Notice of Award and its attachments, dated May 17, 2021, is attached as

88. Exhibit M. As set forth therein, termination of the grant by SAMHSA is only permitted if a recipient or subrecipient is found in violation of the Trafficking Victims Protection Act of 2000. SAMHSA may additionally terminate the grant, pursuant to 42 U.S.C. §300x-55, if Maine DHHS has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved.

89. Upon information and belief, since September 1, 2021, Maine DHHS has used the SABG funds in a manner fully consistent with SAMHSA's statements regarding the nature of the grant and Maine DHHS' grant application.

90. Upon information and belief, Maine DHHS has used funds to provide no-cost training to clinicians in children's residential treatment programs in the Adolescent Community Reinforcement Approach (A-CRA), catalyze the establishment and/or expansion of medically assisted detoxification and/or residential treatment services, fund the establishment and/or expansion of projects to facilitate low-barrier access to medications for opioid use disorder through a combination of technical assistance, mini-grants to support providers in reducing barriers to care, and providing innovative mobile treatment options. Funds have also been used to support Primary Prevention activities including addressing gaps in prevention interventions among high priority populations, supporting prevention community partners to deliver prevention interventions, enhancing mass reach health communications, and implementing screening for substance use issues among youth and young adults, and expanding secondary prevention services through community partners. This has included contracts with ten community-based prevention partners,

as well as evaluation support to effectively measure the impact of substance use on Maine youth. Funding has allowed Maine DHHS to increase access to treatment beds by 71%, and supported increases in access to medications for opioid use disorder, as well as access to naloxone hydrochloride, contributing to a substantial decrease in overdose mortality.

91. Upon information and belief, although Maine DHHS is still in the process of determining the amounts of any invoices processed after the date of termination for work done prior to the date of termination, as of March 24, 2025 Maine DHHS had \$1,286,848 of the award remaining to expend by the performance end date of September 30, 2025. These funds were placed into contracts with providers to carry out the approved plan, including to support increasing the number of beds available through a local medication assisted withdrawal program and delivering secondary and primary prevention services to reduce youth drug use and drug-related morbidity and mortality. Maine DHHS draws down from the PMS as approved invoices or expenses are to be paid.

92. Upon information and belief, Maine DHHS has a long history of being an excellent custodian of all grant funding, and has been a recipient of the SUBG (previously the Substance Abuse Prevention and Treatment Block Grant), since the program's inception in 1981. Grants compliance is of the utmost importance, and is demonstrated by grant submissions being on time or early, the timely completion of revision requests as required, and fully expending funds by the end of performance periods. Maine DHHS did not intend to request an extension of this award.

93. Upon information and belief, on March 24, 2025, without any prior notice or indication, SAMHSA informed Maine's DHHS Office of Behavioral Health by email that effective March 24, 2025 its that Community Mental Health Services Block Grant for American Rescue Plan Act grant was being terminated as of March 24, 2025. The notification did not specifically

identify the Substance Abuse Prevention and Treatment Block Grant for American Rescue Plan Act by name; however, a subsequent search of the DOGE website appeared to confirm the Substance Abuse Prevention and Treatment Block Grant for American Rescue Plan Act termination. A true and correct copy of the grant award termination email is attached as Exhibit N

94. Upon information and belief, the basis for the grant termination was that: “These grants were issued for a limited purpose: To ameliorate the effects of the pandemic. The end of the pandemic provides cause to terminate COVID-related grants. Now that the pandemic is over, the grants are no longer necessary.” The grants were terminated “to reduce the overall Federal spending” as part of the implementation of the President’s “Department of Government Efficiency” Cost Efficiency Initiative requiring a comprehensive review of SAMHSA grants, and where appropriate and consistent with applicable law, to terminate such grants. No other information or clarification was provided.

95. Upon information and belief, Maine DHHS received the termination email from SAMHSA outside normal business hours, at 5:50pm Eastern. There was no information regarding appeal rights and process. The notification did not specifically identify the Substance Abuse Prevention and Treatment Block Grant for American Rescue Plan Act; however, a subsequent search of the DOGE website appeared to confirm the Substance Abuse Prevention and Treatment Block Grant for American Rescue Plan Act termination. On March 25, 2025 the federal grant project officer re-sent the email to DHHS Mental Health program staff (not Substance Use Disorder staff) saying “While we do not currently have additional information to share at this time, you may send me any questions you have, and I will send them to our leadership.” On March 25, 2025 at 4:31pm the federal grant project officer sent an email saying: “It is expected that states will soon receive updated Notice of Awards for their terminated COVID Supplemental funds.

States will also receive information in the near future on how to drawdown funds for work conducted prior to March 24.” On March 28, 2025 at 1:06pm Maine DHHS received an email termination notice that “replaces and supersedes the previous notice.” The rationale for the termination was slightly altered: “The termination of this award is for cause. The block grant provisions at 42 U.S.C. §300x-55 permit termination if the state “has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved. The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of 11:59PM EDT, March 24, 2025.” The email referred to an opportunity for a hearing and appended a .pdf document entitled “95-8648 BG hearing procedure.”

96. Upon information and belief, on March 29, 2025, at 12:18 am SAMHSA sent a email with instructions to find a Notice of Award regarding the grant. The Notice of Award, dated March 28, 2025, notified Maine DHHS that it was awarding a grant in the amount of \$0 for the period September 1, 2021 through March 24, 2025. The Notice of Award went on to state that the award was being terminated “for cause”. The stated basis for cause was: “the block grant provisions at 42 U.S.C. 300x-55 permit termination if the state has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved. The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and

cooperative agreements are no longer necessary as their limited purpose has run out.” A true and correct copy of the grant termination Notice of Award is attached as Exhibit O.

97. Upon information and belief, Maine DHHS relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide SABG funding it had awarded to Maine DHHS. The remaining funds were largely committed to local community-based providers and organizations. As a result, Maine DHHS is forced to consider terminating planned programs with critical services.

98. Upon information and belief, the termination of funds may force Maine DHHS to terminate planned programs intended to reduce substance use among youth, increase access to critical substance use services, and continue to reduce drug-related morbidity and mortality. This includes terminating contracts to increase medical assistance withdrawal beds and cutting programs that support the delivery of primary prevention services to youth. The termination of funds will put the viability of community-based providers at risk, particularly those who serve people with substance use disorders and youth at risk of developing substance use disorders as a result of exposure to adverse childhood experiences.

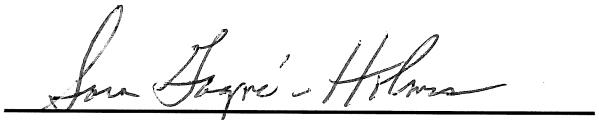
99. Upon information and belief, prior to the grant award termination on March 24, 2025, SAMHSA had never provided Maine DHHS with notice, written or otherwise, that the grant administered by Maine DHHS, and the public health improvements effected with the grant funds administered by Maine DHHS, was in any way unsatisfactory.

100. Upon information and belief, the immediate harms that this termination has caused and will cause include: limitations on Maine DHHS’s ability to ensure access to vaccines for children; a decreased ability to protect public health with respect to chronic disease and substance use; harm to all recipients of mental health services in Maine, including adults, children, and

families; and decrease in resources to support planned programs intended to reduce substance use among youth, increase access to critical substance use services, and continue to reduce drug-related morbidity and mortality. The relationships Maine DHHS has established with community and statewide partners will be harmed by Maine DHHS's inability to honor its commitments to implement and pay for programming, threatening the viability of community-based providers.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 31, 2025, at Augusta, Maine



Sara Gagné-Holmes
Sara Gagné-Holmes, Commissioner
State of Maine, Department of Health
and Human Services

1. DATE ISSUED MM/DD/YYYY 06/24/2019	1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded
2. CFDA NO. 93.268 - Immunization Cooperative Agreements	
3. ASSISTANCE TYPE Cooperative Agreement	
4. GRANT NO. 1 NH23IP922604-01-00 Formerly	5. TYPE OF AWARD Demonstration
4a. FAIN NH23IP922604	5a. ACTION TYPE New
6. PROJECT PERIOD MM/DD/YYYY From 07/01/2019	MM/DD/YYYY Through 06/30/2024
7. BUDGET PERIOD MM/DD/YYYY From 07/01/2019	MM/DD/YYYY Through 06/30/2020
8. TITLE OF PROJECT (OR PROGRAM) CDC-RFA-IP19-1901 Immunization and Vaccines for Children	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources

1600 Clifton Road
Atlanta, GA 30329

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
 Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C.
 Sections 247b, 247b(k)(2) and 247c), as amended.

9a. GRANTEE NAME AND ADDRESS Health And Human Services, Maine Department Of 221 State St Shs # 11 Maine CDCC Augusta, ME 04330-6846	9b. GRANTEE PROJECT DIRECTOR Ms. Tonya Philbrick 11 State House Sta Augusta, ME 04333-0011 Phone: (207) 287-3746
10a. GRANTEE AUTHORIZING OFFICIAL Mr. Scott Lever 221 STATE ST AUGUSTA, ME 04333 Phone: (207) 287-5159	10b. FEDERAL PROJECT OFFICER Gayle Daniels 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-6357

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 2,982,320.00	
II Total project costs including grant funds and all other financial participation I		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages 591,355.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 390,610.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 2,982,320.00	
c. Total Personnel Costs 981,965.00		13. Total Federal Funds Awarded to Date for Project Period 2,982,320.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies 11,751.00		YEAR	TOTAL DIRECT COSTS
f. Travel 55,893.00		a. 2	d. 5
g. Construction 0.00		b. 3	e. 6
h. Other 216,333.00		c. 4	f. 7
i. Contractual 1,294,655.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS 2,560,597.00		a. DEDUCTION	b
k. INDIRECT COSTS 421,723.00		b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET 2,982,320.00		c. MATCHING	
m. Federal Share		d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share 0.00		e. OTHER (See REMARKS)	

REMARKS (Other Terms and Conditions Attached -

Yes

No

17. OBJ CLASS 41.51	18a. VENDOR CODE 1016000001D4	18b. EIN 016000001	19. DUNS 809045594	20. CONG. DIST. 01
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 9-93909KZ	b. 19NH23IP922604	c. IP	d. \$1,479,382.00	e. 75-X-0951
22. a. 9-9390BKG	b. 19NH23IP922604	c. IP	d. \$424,280.00	e. 75-75-X-0512-009
23. a. 9-9390BKJ	b. 19NH23IP922604	c. IP	d. \$39,256.00	e. 75-75-X-0512-009

EXHIBIT A

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 06/24/2019
GRANT NO. 1 NH23IP922604-01-00	

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 9-9390BKM	b. 19NH23IP922604	c. IP	d. \$565,185.00	e. 75-75-X-0512-009
25.a. 9-939ZRWL	b. 19NH23IP922604	c. IP	d. \$126,179.00	e. 75-19-0951
26.a. 9-939ZRYH	b. 19NH23IP922604	c. IP	d. \$348,038.00	e. 75-19-0951

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$2,496.00	\$2,496.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$2,496.00	\$2,496.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 06/24/2019
GRANT NO. 1 NH23IP922604-01-00	

Federal Financial Report Cycle

Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2019	06/30/2020	Annual	09/28/2020
07/01/2020	06/30/2021	Annual	09/28/2021
07/01/2021	06/30/2022	Annual	09/28/2022
07/01/2022	06/30/2023	Annual	09/28/2023
07/01/2023	06/30/2024	Annual	09/28/2024

AWARD ATTACHMENTS

Maine Department of Health and Human Services

1 NH23IP922604-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP19-1901, entitled Immunization and Vaccines for Children, and application dated Apr 04, 2019 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

Approved Funding: Funding in the amount of \$2,982,320 is approved for the Year 2019 budget period, which is July 1, 2019 through June 30, 2020. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

Funding Type	Amount
Core Funding	\$2,982,320

Approved But Unfunded: Travel to the following CDC Sponsored or co-sponsored meetings is approved but not funded at this time: National Immunization Conference (NIC), Immunization Awardee Meetings, Influenza Immunization Summit, and the Public Health Informatics Conference.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO and below.

- Provide guidance, trainings, tools, and technical assistance to award recipient on program area components.
- Host conference calls for sharing information from CDC and between award recipients.
- Work with award recipients on planning and implementation of required and proposed activities.
- Monitor award recipient vaccine spend plan and replenishment providing regular feedback and working with award recipient to address barriers.
- Analyze and report results of surveys regarding national, state and selected local level vaccination coverage.
- Analyze and report result of surveys of award recipient plans and activities related to preparedness.

- Collaboration with external partners to promote IIS in national health IT settings.
- Develop and support improvements in IIS data quality and program measures to assess IIS performance.
- Use IIS submitted data to develop methods to estimate national vaccination coverage and calculate vaccination coverage estimates for routinely recommended childhood vaccines.
- Use IIS submitted data to monitor seasonal or pandemic influenza vaccination among ages that are available in the IIS data.
- Assist, as needed, in the development of data collection and reporting methods for school-enterer vaccination coverage surveys.
- Provide VFC policy guidance via the VFC Operations Guide, periodic trainings and conference calls, including use of the CDC developed quality assurance site visit tools, to assist award recipient implement their VFC program in accordance with federal requirements.
- Provide subject matter guidance in all program component areas.

Direct Assistance (DA): DA is awarded in the amount of \$ 2,496 in this budget period.

Summary/Technical Review Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted in GrantSolutions Grant Notes and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NOA, no later than 60 days from the budget period start date. Failure to submit the required information by the due date, September 3, 2019, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By September 3, 2019 the recipient must submit a revised budget with a narrative justification in GrantSolutions Grant Notes. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated February 17, 2017.

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 8/31/2019**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

Centers for Disease Control and Prevention

Infectious Disease Services Branch

2939 Flowers Road, MS TV2

Atlanta, GA 30341

Fax: 770-488-2640 (Include "Mandatory Grant Disclosures" in subject line)
Email: WVE2@CDC.GOV (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

Subaccount Title: **19NH23IP922604**

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Freda Johnson, Grants Management Specialist

Centers for Disease Control and Prevention
Infectious Disease Services Branch
2939 Flowers Road, MS TV2
Atlanta, GA 30341
Telephone: 770-488-3107
Fax: 770-488-2640
Email: Fjohnson5@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. GMO contact information is located on Page 1 of this NOA.

**Recipient Information****1. Recipient Name**

Health And Human Services, Maine Department Of
221 State St
Shs # 11
Maine CDCC
Augusta, ME 04330 6846
[No Phone Rec'd]

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001D4

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier (UEI)

GJEPWTMKF5A3

7. Project Director or Principal Investigator

Ms. Jessica Shiminski
jess.ca.shiminski@maine.gov
207 287 7087

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207 287 4037

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Wylene Woods
kuvl@cdc.gov
770-488-2948

10. Program Official Contact Information

Ms. Cassandra Malone
Project Officer
ofu4@cdc.gov
404-639-4099

30. Remarks

Department Authority

Federal Award Information**11. Award Number**

6 NH23IP922604-05-09

12. Unique Federal Award Identification Number (FAIN)

NH23IP922604

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary of Federal Award Financial Information**19. Budget Period Start Date** 07/01/2023 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$23,955,064.00

22. Offset

\$2,551,580.00

23. Total Amount of Federal Funds Obligated this budget period

\$9,112,493.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$9,112,493.00

26. Period of Performance Start Date 07/01/2019 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$70,383,083.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922604-05-09

FAIN# NH23IP922604

Federal Award Date: 03/24/2025

Recipient Information	
Recipient Name Health And Human Services, Maine Department Of 221 State St Shs # 11 Maine CDCC Augusta, ME 04330-6846	
[No Phone Record] Congressional District of Recipient 01	
Payment Account Number and Type 1016000001D4	
Employer Identification Number (EIN) Data 01600001	
Universal Numbering System (DUNS) 809045594	
Recipient's Unique Entity Identifier (UEI) GJEPWTMKF5A3	

31. Assistance Type Cooperative Agreement
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,663,427.00
b. Fringe Benefits	\$1,295,255.00
c. Total Personnel Costs	\$2,958,682.00
d. Equipment	\$1,065,000.00
e. Supplies	\$102,873.00
f. Travel	\$39,692.00
g. Construction	\$0.00
h. Other	\$2,266,900.00
i. Contractual	\$27,587,372.00
j. TOTAL DIRECT COSTS	\$34,020,519.00
k. INDIRECT COSTS	\$1,598,618.00
l. TOTAL APPROVED BUDGET	\$35,619,137.00
m. Federal Share	\$35,619,137.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NH23IP922604C3	IP	41.51	93.268		\$0.00 75-2024-0943
1-9390GKL	20NH23IP922604C5	IP	41.51	93.268		\$0.00 75-2124-0943
1-9390GWA	20NH23IP922604C6	IP	41.51	93.268		\$0.00 75-X-0943
2-9390K9M	20NH23IP922604IISC6	IP	41.51	93.268		\$0.00 75-X-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922604-05-09

FAIN# NH23IP922604

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Health And Human Services, Maine Department Of

6 NH23IP922604-05-09

1. Terms and Conditions

ERMS AN CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR's for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.

1. DATE ISSUED MM/DD/YYYY
07/10/2019

1a. SUPERSEDES AWARD NOTICE dated #:
except that any additions or restrictions previously imposed
remain in effect unless specifically rescinded

2. CFDA NO.

93.323 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 1 NU50CK000523-01-00

Formerly

5. TYPE OF AWARD

Other

4a. FAIN NU50CK000523

5a. ACTION TYPE

New

6. PROJECT PERIOD MM/DD/YYYY

MM/DD/YYYY

From

08/01/2019

Through

07/31/2024

7. BUDGET PERIOD MM/DD/YYYY

MM/DD/YYYY

From

08/01/2019

Through

07/31/2020

8. TITLE OF PROJECT (OR PROGRAM)

Maine's 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Diseases Application

9a. GRANTEE NAME AND ADDRESS

Health And Human Services, Maine Department Of
221 State St
Augusta, ME 04330-6846

9b. GRANTEE PROJECT DIRECTOR

Sara Robinson
109 Capitol Street
Augusta, ME 04330-6846
Phone: 207-287-4610

10a. GRANTEE AUTHORIZING OFFICIAL

Ms. Bethany Hamm
221 State St
Business Official
Augusta, ME 04330-6846

10b. FEDERAL PROJECT OFFICER

Wayne Brathwaite
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-5127

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only
II Total project costs including grant funds and all other financial participation

a. Salaries and Wages	401,565.00
b. Fringe Benefits	209,909.00
c. Total Personnel Costs	611,474.00
d. Equipment	0.00
e. Supplies	125,840.00
f. Travel	25,457.00
g. Construction	0.00
h. Other	96,960.00
i. Contractual	1,119,042.00
j. TOTAL DIRECT COSTS	1,978,773.00
k. INDIRECT COSTS	410,341.00
I. TOTAL APPROVED BUDGET	2,389,114.00
m. Federal Share	2,389,114.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 1m)	2,389,114.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	2,389,114.00

13. Total Federal Funds Awarded to Date for Project Period

2,389,114.00

14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation
b. The grant program regulations
c. This award notice including terms and conditions, if any, noted below under REMARKS
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -

 Yes No

GRANTS MANAGEMENT OFFICIAL:

Shirley K Byrd, Grants Management Officer
2939 Flowers Rd
Mailstop TV-2
Atlanta, GA 30341-5509
Phone: (770) 488-2591

17. OBJ CLASS	41.51	18a. VENDOR CODE	1016000001A6	18b. EIN	016000001	19. DUNS	809045594	20. CONG. DIST.	01
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	9-921VV46	b.	19NU50CK000523	c.	CK	d.	\$368,678.00	e.	75-19-0949
22. a.	9-921VV47	b.	19NU50CK000523	c.	CK	d.	\$55,000.00	e.	75-19-0949
23. a.	9-939014P	b.	19NU50CK000523	c.	CK	d.	\$35,806.00	e.	75-19-0949

EXHIBIT C

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 07/10/2019
GRANT NO. 1 NU50CK000523-01-00	

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 9-93905VH	b. 19NU50CK000523	c. CK	d. \$52,697.00	e. 75-19-0949
25.a. 9-93908MV	b. 19NU50CK000523	c. CK	d. \$404,469.00	e. 75-19-0949
26.a. 9-93909QZ	b. 19NU50CK000523	c. CK	d. \$109,522.00	e. 75-X-0951
27.a. 9-93909UW	b. 19NU50CK000523	c. CK	d. \$544,071.00	e. 75-X-0949
28.a. 9-9390CA2	b. 19NU50CK000523	c. CK	d. \$291,228.00	e. 75-19-0952
29.a. 9-939ZLBG	b. 19NU50CK000523	c. CK	d. \$6,100.00	e. 75-19-0951
30.a. 9-939ZSCE	b. 19NU50CK000523	c. CK	d. \$162,340.00	e. 75-19-0951
31.a. 9-939ZSKR	b. 19NU50CK000523	c. CK	d. \$260,095.00	e. 75-19-0949
32.a. 9-939ZVJC	b. 19NU50CK000523	c. CK	d. \$99,108.00	e. 75-19-0949

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 07/10/2019
GRANT NO. 1 NU50CK000523-01-00	

Federal Financial Report Cycle

Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
08/01/2019	07/31/2020	Annual	10/29/2020
08/01/2020	07/31/2021	Annual	10/29/2021
08/01/2021	07/31/2022	Annual	10/29/2022
08/01/2022	07/31/2023	Annual	10/29/2023
08/01/2023	07/31/2024	Annual	10/29/2024

AWARD ATTACHMENTS

Maine Department of Health and Human Services

1 NU50CK000523-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-CK19-1904, entitled 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - 2019, and application dated May 9, 2019, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$2,389,114 is approved for the Year 01 budget period, which is August 1, 2019 through July 31, 2020. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

NOFO Funding	Amount
Non-PPHF	\$ 2,389,114

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Objective/Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Program Officer noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, September 2, 2019, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By September 2, 2019 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs: Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 26, 2018.

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 8/31/2019**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Karen Zion, Grants Management Specialist
Centers for Disease Control and Prevention
Infectious Disease Services Branch
2939 Flowers Road, MS-TV-2
Atlanta, GA 30341
Telephone: 770-488-2729
Email: wvf8@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

Component: Non-PPHF
Document Number: 19N50UCK000523

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Karen Zion, Grants Management Specialist
Centers for Disease Control and Prevention
Infectious Disease Services Branch
2939 Flowers Road, MS-TV-2
Atlanta, GA 30341
Telephone: 770-488-2729
Email: wvf8@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**Recipient Information****1. Recipient Name**

Health And Human Services, Maine Department Of
221 State St
Augusta, ME 04330-6846
[No Phone Record]

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001A6

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier (UEI)

GJEPWTMKF5A3

7. Project Director or Principal Investigator

Ms. Sara Robinson
ID Program Director
sara.robinson@maine.gov
207-287-4610

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207-287-4037

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Whitney Dade
Grants Management Specialist
zmm8@cdc.gov
4044983038

10. Program Official Contact Information

Andre Granger
Program Officer
qqd0@cdc.gov
4044984722

30. Remarks

Department Authority

Federal Award Information**11. Award Number**

6 NU50CK000523-05-08

12. Unique Federal Award Identification Number (FAIN)

NU50CK000523

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary of Federal Award Financial Information**19. Budget Period Start Date** 08/01/2023 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$10,892,186.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$5,969,962.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$5,969,962.00**26. Period of Performance Start Date** 08/01/2019 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$219,030,821.25**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000523-05-08

FAIN# NU50CK000523

Federal Award Date: 03/24/2025

Recipient Information

Recipient Name

Health And Human Services, Maine Department Of
221 State St
Augusta, ME 04330-6846
[No Phone Record]

Congressional District of Recipient

01

Payment Account Number and Type

1016000001A6

Employer Identification Number (EIN) Data

01600001

Universal Numbering System (DUNS)

809045594

Recipient's Unique Entity Identifier (UEI)

GJEPWTMKF5A3

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$1,390,413.00
b. Fringe Benefits	\$948,343.00
c. Total Personnel Costs	\$2,338,756.00
d. Equipment	\$252,689.00
e. Supplies	\$4,100,781.00
f. Travel	\$92,625.00
g. Construction	\$0.00
h. Other	\$1,786,929.00
i. Contractual	\$7,235,089.00
j. TOTAL DIRECT COSTS	\$15,806,869.00
k. INDIRECT COSTS	\$1,055,279.00
l. TOTAL APPROVED BUDGET	\$16,862,148.00
m. Federal Share	\$16,862,148.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NU50CK000523C3	CK	41.51	93.323	\$0.00	75-2024-0943
0-9390F7F	19NU50CK000523C4	CK	41.51	93.323	\$0.00	75-X-0140
0-9390EPX	19NU50CK000523CV	CK	41.51	93.323	\$0.00	75-2022-0943
1-9390GKT	19NU50CK000523EDEXC5	CK	41.51	93.323	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000523-05-08

FAIN# NU50CK000523

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Health And Human Services, Maine Department Of

6 NU50CK000523-05-08

1. REVISED: TERMS AND CONDITIONS

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR's for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.

**Recipient Information****1. Recipient Name**

Maine Department of Health and Human Services
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001A6

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

Ms. Emily Moores
Chronic Disease Program Manager
Emily.Moores@maine.gov
207-287-3267

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207-287-1921

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Dedrick Muhammad
Grants Management Specialist
qtm2@cdc.gov
678-475-4523

10. Program Official Contact Information

Ms. Christine Graaf
khn2@cdc.gov
404-498-0442

30. Remarks**Federal Award Information****11. Award Number**

1 NH75OT000043-01-00

12. Unique Federal Award Identification Number (FAIN)

NH75OT000043

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Maine's Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2023**20. Total Amount of Federal Funds Obligated by this Action** \$32,140,247.00

20a. Direct Cost Amount \$30,153,301.00

20b. Indirect Cost Amount \$1,986,946.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$0.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$32,140,247.00**26. Project Period Start Date** 06/01/2021 - **End Date** 05/31/2023**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** Not Available**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shirley K Byrd
Grants Management Officer



Recipient Information

Recipient Name

Maine Department of Health and Human Services
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

Congressional District of Recipient

01

Payment Account Number and Type

1016000001A6

Employer Identification Number (EIN) Data

01600001

Universal Numbering System (DUNS)

809045594

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$2,219,956.00
b. Fringe Benefits	\$1,572,613.00
c. Total Personnel Costs	\$3,792,569.00
d. Equipment	\$0.00
e. Supplies	\$4,897.00
f. Travel	\$11,784.00
g. Construction	\$0.00
h. Other	\$3,555,341.00
i. Contractual	\$22,788,710.00
j. TOTAL DIRECT COSTS	\$30,153,301.00
k. INDIRECT COSTS	\$1,986,946.00
l. TOTAL APPROVED BUDGET	\$32,140,247.00
m. Federal Share	\$32,140,247.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000043C5	OT	41.51	\$32,140,247.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH75OT000043-01-00

FAIN# NH75OT000043

Federal Award Date: 05/28/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$ 0.00	\$ 0.00	\$ 0.00
Fringe Benefits	\$ 0.00	\$ 0.00	\$ 0.00
Travel	\$ 0.00	\$ 0.00	\$ 0.00
Equipment	\$ 0.00	\$ 0.00	\$ 0.00
Supplies	\$ 0.00	\$ 0.00	\$ 0.00
Contractual	\$ 0.00	\$ 0.00	\$ 0.00
Construction	\$ 0.00	\$ 0.00	\$ 0.00
Other	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

AWARD ATTACHMENTS

Maine Department of Health and Human Services

1 NH75OT000043-01-00

1. Terms and Conditions

Recipient: Maine Department of Health and Human Services

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$32,140,247 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Base funding	\$16,382,007
State Rural Carveout	\$15,758,240

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with

guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Pre-Award Costs Pre-award costs dating back to March 15, 2021 – and directly related to the COVID-19 outbreak response are allowable.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 8, 2018.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Dedrick Muhammad, Grants Management Specialist
Centers for Disease Control and Prevention
Global Health Services Branch
2939 Flowers Road
Atlanta, GA 30341
Email: qtm2@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov . At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.

- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.



Recipient Information

1. Recipient Name

Health And Human Services, Maine Department Of
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330 6846
[No Phone Rec'd]

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001A6

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

8090455 4

6. Recipient's Unique Entity Identifier (UEI)

GJEPWVMTMF5A3

7. Project Director or Principal Investigator

Ms. Eden Silverthorne
Associate Director
eden.silverthorne@maine.gov
207 441 1090

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207 287 4037

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Jo Anne Saunders
Grants Management Specialist
srq1@cdc.gov
4044985235

10. Program Official Contact Information

Melanie Amacke
Program Officer
svk8@cdc.gov
4044980332

30. Remarks

Department Authority

Federal Award Information

11. Award Number

6 NH75OT000043 01-04

12. Unique Federal Award Identification Number (FAIN)

NH75OT000043

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K) (2)

14. Federal Award Project Title

Maine's Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health and Healthcare Crises

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary of Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$32,140,247.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$32,140,247.00

26. Period of Performance Start Date 06/01/2021 - End Date 03/24/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$32,140,247.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erika Stewart

Team Lead, Grants Management Officer



Recipient Information

Recipient Name

Health And Human Services, Maine Department Of
221 State St
Maine Department of Health & Human Services
Augusta, ME 04330-6846
[No Phone Record]

Congressional District of Recipient

01

Payment Account Number and Type

1016000001A6

Employer Identification Number (EIN) Data

01600001

Universal Numbering System (DUNS)

809045594

Recipient's Unique Entity Identifier (UEI)

GJEPWTMKF5A3

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$358,106.00
b. Fringe Benefits	\$214,575.00
c. Total Personnel Costs	\$572,681.00
d. Equipment	\$223,000.00
e. Supplies	\$6,400.00
f. Travel	\$31,288.00
g. Construction	\$0.00
h. Other	\$3,408,578.00
i. Contractual	\$26,347,360.00
j. TOTAL DIRECT COSTS	\$30,589,307.00
k. INDIRECT COSTS	\$1,550,940.00
l. TOTAL APPROVED BUDGET	\$32,140,247.00
m. Federal Share	\$32,140,247.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000043C5	OT	41.51	93.391	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000043-01-04

FAIN# NH75OT000043

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Health And Human Services, Maine Department Of

6 NH75OT000043-01-04

1. terms and conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

**Recipient Information****1. Recipient Name**

Health And Human Services, Maine Department Of
109 Capitol St
Maine Department of Health and Human Services
Augusta, ME 04330-6841
[No Phone Record]

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001A6

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

Ms. Emily Moores
Chronic Disease Program Manager
Emily.Moores@maine.gov
207-287-3267

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207-287-1921

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Colbert
Grants Management Specialist
hvxl1@cdc.gov
770-488-2848

10. Program Official Contact Information

Danayah Gosa
Program Officer
qka2@cdc.gov
770-488-6949

30. Remarks**Federal Award Information****11. Award Number**

1 NU58DP007081-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007081

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Maine's Initiative to enhance Community Health Workers for COVID Response and Resilient Communities

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 12/30/2021 - **End Date** 08/30/2022**20. Total Amount of Federal Funds Obligated by this Action**

\$995,698.00

20a. Direct Cost Amount

\$822,860.00

20b. Indirect Cost Amount

\$172,838.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$0.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$995,698.00

26. Project Period Start Date 12/30/2021 - **End Date** 08/30/2024**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period**

Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Keisha Thompson



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007081-01-00

FAIN# NU58DP007081

Federal Award Date: 12/01/2021

Recipient Information

Recipient Name

Health And Human Services, Maine Department Of
109 Capitol St
Maine Department of Health and Human Services
Augusta, ME 04330-6841
[No Phone Record]

Congressional District of Recipient

01

Payment Account Number and Type

1016000001A6

Employer Identification Number (EIN) Data

01600001

Universal Numbering System (DUNS)

809045594

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$380,494.00
b. Fringe Benefits	\$276,468.00
c. Total Personnel Costs	\$656,962.00
d. Equipment	\$0.00
e. Supplies	\$1,080.00
f. Travel	\$5,984.00
g. Construction	\$0.00
h. Other	\$10,000.00
i. Contractual	\$148,834.00
j. TOTAL DIRECT COSTS	\$822,860.00
k. INDIRECT COSTS	\$172,838.00
l. TOTAL APPROVED BUDGET	\$995,698.00
m. Federal Share	\$995,698.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	22NU58DP007081C3	DP	41.51	\$995,698.00	75-2024-0943

AWARD ATTACHMENTS

Health And Human Services, Maine Department Of

1 NU58DP007081-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”**, and application dated May 24, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$995,698 is approved for the Year 1 budget period, which is **December 30, 2021 through August 30, 2022**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$0
Component B	\$995,698
Component C	\$0

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at:

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: By January 31, 2022 the recipient must submit a revised budget with a narrative justification in accordance with the [CDC Budget Preparation Guidelines](#) for the following costs:

- **Approved Funding** - Recipient must submit a revised budget with a narrative justification based on the approved funding of \$995,698.
- **Salaries** – For each requested position, provide the following information: the name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested
- **Contractual Costs** –
 - For the selected contractors, provide all of the following: 1. Name of Contractor, 2. Method of Selection, 3. Period of Performance, 4. Scope of Work, 5. Method of Accountability, 6. Itemized Budget and Justification.
 - For the TBD contract cost, once selected, provide: 1. Name of Contractor, 2. Method of Selection, 3. Period of Performance, 4. Scope of Work, 5. Method of Accountability, 6. Itemized Budget and Justification. Cost must be submitted to and approved in writing by the Grants Management Specialist/Grants Management Officer (GMS/GMO) before cost can be expended

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ **Carryover of unobligated balances from one budget period to a subsequent budget period.** Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs: Indirect costs are approved based on the recipient’s approved Cost Allocation Plan

dated March 8, 2018.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Colbert, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road, MS TV2
Atlanta, GA 30341-4146
Email: Hvx1@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “**P Account**”. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Rhonda Colbert, Grants Management Specialist (GMS)
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Hvx1@cdc.gov | Phone: 770-488-2848

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Monique Young, Project Officer
Centers for Disease Control and Prevention
National Center for Disease Prevention and Health
Telephone: 770-488-3434
Email: HZA4@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Stephanie Latham, Grants Management Officer (GMO)
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: FZV6@cdc.gov | Telephone: 770-488-2197



Recipient Information

1. Recipient Name

Health And Human Services, Maine Department Of
109 Capitol St
Maine Department of Health and Human Services
Augusta, ME 04330-6841
[No Phone Rec'd]

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001A6

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier (UEI)

GJEPWT KF5A3

7. Project Director or Principal Investigator

Eric Freamberg
Program Manager
eric.j.freamberg@maine.gov
207-287-7302

8. Authorized Official

Ms. Bethany Hamm
Deputy Commissioner
bethany.l.hamm@maine.gov
207-287-4037

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10. Program Official Contact Information

Ms. Perrin Hicks
Program Officer
swy2@cdc.gov
7704880826

30. Remarks

Department Authority

Federal Award Information

11. Award Number

6 NU58DP007081-03-05

12. Unique Federal Award Identification Number (FAIN)

NU58DP007081

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Maine's Initiative to enhance Community Health Workers for COVID Response and Resilient Communities

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary of Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - End Date 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$995,698.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$995,698.00

26. Period of Performance Start Date 12/30/2021 - End Date 03/24/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$2,987,094.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl M. Jackson



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP007081-03-05

FAIN# NU58DP007081

Federal Award Date: 03/24/2025

Recipient Information

Recipient Name

Health And Human Services, Maine Department Of
109 Capitol St
Maine Department of Health and Human Services
Augusta, ME 04330-6841
[No Phone Record]

Congressional District of Recipient

01

Payment Account Number and Type

1016000001A6

Employer Identification Number (EIN) Data

01600001

Universal Numbering System (DUNS)

809045594

Recipient's Unique Entity Identifier (UEI)

GJEPWTMKF5A3

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$11,048.00
b. Fringe Benefits	\$7,523.00
c. Total Personnel Costs	\$18,571.00
d. Equipment	\$0.00
e. Supplies	\$181.00
f. Travel	\$4,632.00
g. Construction	\$0.00
h. Other	\$13,829.00
i. Contractual	\$753,225.00
j. TOTAL DIRECT COSTS	\$790,438.00
k. INDIRECT COSTS	\$205,260.00
l. TOTAL APPROVED BUDGET	\$995,698.00
m. Federal Share	\$995,698.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	22NU58DP007081C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	22NU58DP007081C3	DP	41.51	93.495	\$0.00	75-2024-0943

WARD ATTACH TS

alh And Human S rvices, Maine Department Of

6 NU58DP007081-03-05

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required



Recipient Information

1. Recipient Name

HEALTH AND HUMAN SERVICES, MAINE
DEPARTMENT OF
109 CAPITOL ST

AUGUSTA, ME 04330

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001A7

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Jessica Pollard

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information

Wendy Pang
Grants Management Specialist
Center for Mental Health Services
wendy.pang@samhsa.hhs.gov
(240) 276-1419

10. Program Official Contact Information

Deborah Rose

Center for Mental Health Services
Deborah.Rose@samhsa.hhs.gov
(240) 276-0300

Federal Award Information

11. Award Number

1B09SM085360-01

12. Unique Federal Award Identification Number (FAIN)

B09SM085360

13. Statutory Authority

Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96

14. Federal Award Project Title

Block Grants for Community Mental Health Services

15. Assistance Listing Number

93.958

16. Assistance Listing Program Title

Block Grants for Community Mental Health Services

17. Award Action Type

New Competing

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2021 – End Date 09/30/2025

20. Total Amount of Federal Funds Obligated by this Action	\$5,599,279
20 a. Direct Cost Amount	\$5,599,279
20 b. Indirect Cost Amount	\$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	\$5,599,279
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$5,599,279

26. Project Period Start Date 09/01/2021 – End Date 09/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$5,599,279
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28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Odessa Crocker

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



MHBG
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award

Issue Date: 05/17/2021

Award Number: 1B09SM085360-01

FAIN: B09SM085360-01

Contact Person: Jessica Pollard

Program: Block Grants for Community Mental Health Services

HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF
109 CAPITOL ST

AUGUSTA, ME 04330

Award Period: 09/01/2021 – 09/30/2025

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$5,599,279 (see “Award Calculation” in Section I) to HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF in support of the above referenced project. This award is pursuant to the authority of Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1B09SM085360-01

FEDERAL FUNDS APPROVED:	\$5,599,279
AMOUNT OF THIS ACTION (FEDERAL SHARE):	\$5,599,279
CUMULATIVE AWARDS TO DATE:	\$5,599,279
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:	\$0

Fiscal Information:

CFDA Number:	93.958
EIN:	1016000001A
	7
Document Number:	21B1MECM
Fiscal Year:	HSC6
	2021

IC	CAN	01
SM	C96D540	\$5,599,279

PCC: CMHS / OC: 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 1B09SM085360-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1B09SM085360-01

STANDARD TERMS AND CONDITIONS

MHBG FY2021 ARPA funding

Remarks:

This Notice of Award (NoA) provides American Rescue Plan Act of 2021 (ARPA) funding for the Community Mental Health Services (MHBG) Block Grant Program, in accordance with H.R. 1319 – American Rescue Plan Act of 2021 the ARPA Act, 2021 [P.L. 117-2]. Consistent with HHS Disaster Relief Flexibilities, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements for the MHBG, as deemed necessary to facilitate a grantee's response to coronavirus.

A proposal of the state's spending plan must be submitted by July 2, 2021 via the Web Block Grant Application System (WebBGAS).

Using the WebBGAS Revision Request for the FFY 2021 Block Grant Application, grantees are required to upload the Plan document (Microsoft Word or pdf), using the associated tab in the State Information Section, Chief Executive Officer's Funding Agreement – Certifications and Assurances/Letter Designating Signatory Authority [MH]. Please title this document "ARPA Funding Plan 2021-MH". States must upload separate proposals based on MHBG and SABG guidance into the WebBGAS system.

Further information on this is included in the letter from Acting Assistant Secretary for Mental Health and Substance Use, Tom Coderre

Standard Terms of Award:

1) Acceptance of the Terms of an Award

By drawing or otherwise obtaining funds from the HHS Payment Management System, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. Except for any waiver granted explicitly elsewhere in this section, this award does not constitute approval for waiver of any Federal statutory/regulatory requirements for a MHBG. Once an award is accepted by a recipient, the contents of the Notice of Award (NoA) are binding on the recipient unless and until modified by a revised NoA signed by the GMO.

Certification Statement: By drawing down funds, The recipient agrees to abide by the statutory requirements of all sections of the Mental Health Block Grant (MHBG) (Public Health Service Act, Sections 1911-1920 and sections 1941-1957) (42 U.S.C. 300x-1-300x-9 and 300x-51-300x-67, as amended), and other administrative and legal requirements as applicable for the duration of the award.

2) Official Form Designee

The States Chief Executive Officer, or authorized designee is considered the official form designee for this grant. The SAMHSA GMS and the MHBG Program Officer must be notified immediately before any changes in this key position are made. Please note that individuals that are suspended or debarred are prohibited from serving on Federal grant awards.

3) Availability of Funds

Funds provided under this grant must be obligated and expended by September 30, 2025.

4) Fiscal and administrative requirements

This award is subject to the administrative requirements for HHS block grants under 45 CFR Part 96, Subpart C, and 45 CFR Part 75, as specified. Except for section 75.202 of Subpart C, and sections 75.351 through 75.353 of Subpart D, the requirements in Subpart C, Subpart D, and Subpart E do not apply to this program (reference 45 CFR Part 75 Subpart B, 75.101(d)).

Fiscal control and accounting procedures - Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.

ARPA funding is being issued under a separate grant award number and has a unique subaccount in the Payment Management System. Accordingly, ARPA funds must be tracked and reported separately from other FY 2021 awarded funds, including COVID-19 Supplemental funding and the Annual Block Grant Allotment.

Audits - Grantees and subgrantees are responsible for obtaining audits in accordance with the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) and revised OMB Circular A-133, “Audits of State, Local Governments, and Non-Profit Organizations.” The audits shall be made by an independent auditor in accordance with generally accepted Government auditing standards covering financial audits.

5) Flow-down of requirements to sub-recipients

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients, in accordance with 45 CFR 75.351-75.353, Sub-recipient monitoring and management.

6) Early Serious Mental Illness Set-Aside

The 21st Century Cures Act, P.L. 114-255 amended Section 1920(c) of the Public Health Service Act (42 U.S.C. 300x 9(c)). States must set-aside not less than 10 percent of their total MHBG allocation amount for each fiscal year to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset. In lieu of expending 10 percent of the amount, the State receives for a fiscal year, states have the flexibility to expend not less than 20 percent of such amount by the end of the succeeding fiscal year.

7) Executive Pay

The Consolidated Appropriations Act, 2021 (Public Law 116-260), signed into law on December 27, 2020 restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. Effective January 3, 2021, the salary limitation for Executive Level II is \$199,300.

For awards issued prior to this change, if adequate funds are available in active awards, and if the salary cap increase is consistent with the institutional base salary, recipients may re-budget to accommodate the current Executive Level II salary level. However, no additional funds will be provided to these grant awards.

8) Marijuana Restriction:

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

9) SAM and DUNS Requirements

THIS AWARD IS SUBJECT TO REQUIREMENTS AS SET FORTH IN 2 CFR 25.110 CENTRAL CONTRACTOR REGISTRATION CCR (NOW SAM) AND DATA UNIVERSAL NUMBER SYSTEM (DUNS) NUMBERS. 2 CFR Part 25 - Appendix A4

System of Award Management (SAM) and Universal Identifier Requirements

A. Requirement for System of Award Management:

Unless you are exempted from this requirement under 2 CFR 25.110, you, as the recipient, must maintain the currency of your information in the SAM, until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

B. Requirement for unique entity identifier If you are authorized (reference project description) to make subawards under this award, you:

1. Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you, unless the entity has provided its unique entity identifier to you.
2. May not make a subaward to an entity, unless the entity has provided its unique entity identifier to you.

C. Definitions. For purposes of this award term:

1. System of Award Management (SAM) means the federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM Internet site (currently at: <http://www.sam.gov>).

2. Unique entity identifier means the identifier required for SAM registration to uniquely identify business entities.

3. Entity, as it is used in this award term, means all of the following, as defined at 2 CFR Part 25, Subpart C:

- a. A governmental organization, which is a state, local government, or Indian Tribe; b. A foreign public entity; c. A domestic or foreign nonprofit organization; d. A domestic or foreign for-profit organization; and e. A Federal agency, but only as a sub-recipient under an award or sub-award to a nonfederal entity.

4. Sub-award:

- a. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible sub-recipient. b. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see 2 CFR 200.330). c. A sub-award may be provided through any legal agreement, including an agreement that you consider a contract.
- 5. Sub-recipient means an entity that: a. Receives a sub-award from you under this award; and b. Is accountable to you for the use of the federal funds provided by the sub-award.

10) Federal Financial Accountability and Transparency Act (FFATA)

Reporting Subawards and Executive Compensation, 2 CFR, Appendix A to Part 170

a. Reporting of first tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if

i. the total Federal funding authorized to date under this award is \$25,000 or more;

ii. in the preceding fiscal year, you received (A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and (B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation

information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. Where and when to report. You must report executive total compensation described in paragraph b. 1. of this award term:

i. As part of your registration profile at <https://www.sam.gov>.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if

i. in the subrecipient's preceding fiscal year, the subrecipient received (A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and (B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c. 1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

- iii. A domestic or foreign nonprofit organization;
- iv. A domestic or foreign for-profit organization;
- v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

- i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
- ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ___. 210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations).
- iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that: i. Receives a subaward from you (the recipient) under this award; and ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

- i. Salary and bonus.
- ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.
- iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- v. Above-market earnings on deferred compensation which is not tax-qualified. vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000. [75 FR 55669, Sept. 14, 2010, as amended at 79 FR 75879, Dec. 19, 2014]

11) Mandatory Disclosures

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS Office of Inspector General (OIG), all information

related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

U.S. Department of Health and Human Services Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue,
SW, Cohen Building Room5527 Washington, DC 20201
Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email:
MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 remedies for noncompliance, including suspension or debarment (see 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

12) The Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(G)), as amended, and 2 C.F.R. PART 175

The Trafficking Victims Protection Act of 2000 authorizes termination of financial assistance provided to a private entity, without penalty to the Federal government, if the recipient or subrecipient engages in certain activities related to trafficking in persons. SAMHSA may unilaterally terminate this award, without penalty, if a private entity recipient, or a private entity subrecipient, or their employees: a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect; b) Procure a commercial sex act during the period of time that the award is in effect; or, c) Use forced labor in the performance of the award or subawards under the award. The text of the full award term is available at 2 C.F.R. 175.15(b). See <http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-sec175-15.pdf>.

13) Drug-Free Workplace Requirements

The Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq.) requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. When the AR signed the application, the AR agreed that the recipient will provide a drug-free workplace and will comply with the requirement to notify SAMHSA if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. Government wide requirements for Drug-Free Workplace for Financial Assistance are found in 2 CFR part 182; HHS implementing regulations are set forth in 2 CFR part 382.400. All recipients of SAMHSA grant funds must comply with the requirements in Subpart B (or Subpart C if the recipient is an individual) of Part 382.

14) Lobbying

No funds provided under the attached Notice of Award (NoA) may be used by you or any sub-recipient under the grant to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. The prohibition relates to the

use of federal grant funds and is not intended to affect your right or that of any other organization, to petition Congress or any other level of government, through the use of other nonfederal resources. Reference 45 CFR Part 93.

15) Accessibility Provisions

Grant recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age, and in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at <https://www.hhs.gov/civil-rights/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note that it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6>.

16) Audits

Non-Federal recipients that expend \$750,000 or more in federal awards during the recipient's fiscal year must obtain an audit conducted for that year in accordance with the provisions of 45 CFR 96.31.

Recipients are responsible for submitting their Single Audit Reports and the Data Collections Forms (SF-FAC) electronically to the Federal Audit Clearinghouse Visit disclaimer page (FAC) within the earlier of 30 days after receipt or nine months after the FY's end of the audit period. The FAC operates on behalf of the OMB.

For specific questions and information concerning the submission process: Visit the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb> or Call FAC at the toll-free number: (800) 253-0696

Reporting Requirements:

Federal Financial Report (FFR)

The recipient is required to submit a Federal Financial Report (FFR) 90 days after the close of the performance period (project period). The SF-425 shall report total funds obligated and total funds expended by the grantee.

Effective January 1, 2021, award recipients are required to submit the SF-425 Federal Financial Report (FFR) via the Payment Management System (PMS). If the individual

responsible for FFR submission does not already have an account with PMS, please [contact PMS](#) to obtain access.

Recipients must liquidate all obligations incurred under an award not later than ninety (90) days after the end of the award obligation and expenditure period (i.e., the project period) which also coincides with the due date for submission of the FINAL SF-425, *Federal Financial Report* (FFR). After ninety (90) days, letter of credit accounts are locked. SAMHSA does not approve extensions to the ninety (90) day post-award reconciliation/liquidation period. Therefore, recipients are expected to complete all work and reporting within the approved project period and the aforementioned 90-day post-award reconciliation/liquidation period. Recipients (late) withdrawal requests occurring after the aforementioned periods are denied. In rare instances, SAMHSA may approve an extension to submit a FINAL SF-425 FFR report, but this is *not* an extension of the 90-day post award reconciliation/liquidation period, but rather only an extension to submit the Final SF-425 report (FFR).

Annual Report

Reporting on the ARPA funding is required. States must prepare and submit their respective reports utilizing WebBGAS. Failure to comply with these requirements may cause the initiation of enforcement actions that can culminate in discontinuation of MHBG grants.

Your assigned MHBG Program Official will provide further guidance and additional submission information.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

Deborah Rose, Program Official

Phone: (240) 276-0300 **Email:** Deborah.Rose@samhsa.hhs.gov **Fax:** (240) 276-1770

Wendy Pang, Grants Specialist
Phone: (240) 276-1419 **Email:** wendy.pang@samhsa.hhs.gov **Fax:** (240) 276-1430

Dated 3/24From: katrina.morgan@samhsa.hhs.gov <katrina.morgan@samhsa.hhs.gov>
Sent: Monday, March 24, 2025 5:50 PM
To: Squirrell, Sarah <Sarah.Squirrell@maine.gov>; Squirrell, Sarah <Sarah.Squirrell@maine.gov>
Cc: Kisha.Ledlow@samhsa.hhs.gov; wendy.pang@samhsa.hhs.gov; eracorrespondence@od.nih.gov
Subject: B09SM085360: Termination Notice for COVID-19 Grant Funding

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Single State Authority Director and State Mental Health Commissioner,

During the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded several pandemic-related grants including the funded [Coronavirus Preparedness and Response Supplemental Appropriations Act](#), 2020 (H.R.6074) (CRRSA) which provided funds to respond to the coronavirus outbreak and the [American Rescue Plan](#) (ARP) Act of 2021(H.R. 1319) which provided additional relief to address the continued impact of COVID-19 (i.e., coronavirus disease 2019) on the economy, public health, state and local governments, individuals, and businesses.

*On April 10, 2023, President Biden signed [PL 188-3](#) terminating the national emergency concerning the COVID-19 pandemic. Consistent with the President's Executive Order 14222, *Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative requiring a comprehensive review of SAMHSA grants, and where appropriate and consistent with applicable law, terminate such grants to reduce the overall Federal spending **this grant is being terminated effective March 24, 2025**. These grants were issued for a limited purpose: To ameliorate the effects of the pandemic. The end of the pandemic provides cause to terminate COVID-related grants. Now that the pandemic is over, the grants are no longer necessary.**

In accordance with [45 CFR 96.30 \(4\)](#), block grant award recipients are required to provide a Financial Status Report (FFR) within 90 days of the close of the applicable statutory grant period. Recipients must liquidate all obligations incurred under an award after the end of the award obligation and expenditure period (i.e., the project period) which also coincides with the due date for submission of the FINAL SF-425, Federal Financial Report (FFR). Reimbursements after termination are allowable if it results from obligations which were properly incurred before the effective date of this termination.

Recipients are expected to complete all work immediately and the reconciliation/liquidation process no later than 90-days after the award period end date.

The related Payment Management System accounts will be restricted from drawdown going further. Additional information will be provided in the revised Notice of Award that will be issued to initiate the award period end date.

[[Correspondence Token: 1a216ca1-7e3e-49dc-8d97-4cae8546ee0e]] -- Do not delete or change this line.

--

Please "Reply All" and do NOT delete eracorrespondence@nih.gov from the list of recipients or change the subject line.

From: katrina.morgan@samhsa.hhs.gov <katrina.morgan@samhsa.hhs.gov>
Sent: Friday, March 28, 2025 1:06 PM
To: Squirrell, Sarah <Sarah.Squirrell@maine.gov>; Squirrell, Sarah <Sarah.Squirrell@maine.gov>
Cc: Kisha.Ledlow@samhsa.hhs.gov; wendy.pang@samhsa.hhs.gov; eracorrespondence@od.nih.gov
Subject: B09SM085360: Block Grant Termination Notice for COVID-19 Awards (CRRSA and ARP)

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Single State Authority Director and State Mental Health Commissioner,

You received notification on March 24, 2025, that your award was being terminated. This notice replaces and supersedes the previous notice.

During the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded several pandemic-related grants funded by the [Coronavirus Response and Relief Supplemental Appropriations Act](#) (CRRSA) which provided funds to respond to the coronavirus outbreak and the [American Rescue Plan](#) (ARP) Act which provided additional relief to address the continued impact of COVID-19.

The termination of this award is for cause. The block grant provisions at [42 U.S.C. §300x-55](#) permit termination if the state “has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of 11:59PM EDT, March 24, 2025.

In accordance with [45 CFR 96.30 \(4\)](#), block grant award recipients are required to provide a Financial Status Report (FFR) no later than 90 calendar days after March 24, 2025. Recipients must liquidate all obligations incurred under an award no later than 90 calendar days after March 24, 2025, which also coincides with the due date for submission of the FINAL SF-425, Federal Financial Report (FFR). Reimbursements after termination are allowable if the reimbursements result from obligations which were properly incurred on or before March 24, 2025.

Recipients are expected to cease all activities immediately and complete the reconciliation/liquidation process no later than 90 calendar days after the termination effective date.

EXHIBIT K

Opportunity for Hearing:

Per the enclosed hearing procedures, block grant recipients may request a hearing to dispute this decision by submitting a written notice to the Substance Abuse and Mental Health Services Administration (SAMHSA) requesting a hearing within 15 calendar days of the date of this notice to: SAMHSAgrants@samhsa.hhs.gov. The request for a hearing must include a copy of this termination notice and a brief statement of why this decision should not be upheld.

Enclosure

[[Correspondence Token: bd132795-9587-4d11-a46e-538c41b22ce7]] -- Do not delete or change this line. --

Please "Reply All" and do NOT delete eracorrespondence@nih.gov from the list of recipients or change the subject line.

**Recipient Information****1. Recipient Name**

HEALTH AND HUMAN SERVICES, MAINE
DEPARTMENT OF
11 STATE HOUSE STA
AUGUSTA, ME 04333

2. Congressional District of Recipient

02

3. Payment System Identifier (ID)

1016000001A7

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier

GJEPWTMKF5A3

7. Project Director or Principal Investigator

Sarah Squirrell

Sarah.Squirrell@maine.gov

8. Authorized Official

Sarah Squirrell

Sarah.Squirrell@maine.gov

Federal Award Information**11. Award Number**

6B09SM085360-01M002

12. Unique Federal Award Identification Number (FAIN)

B09SM085360

13. Statutory Authority

Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96

14. Federal Award Project Title

Block Grants for Community Mental Health Services

15. Assistance Listing Number

93.958

16. Assistance Listing Program Title

Block Grants for Community Mental Health Services

17. Award Action Type

Amendment

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date 09/01/2021 – End Date 03/24/2025****20. Total Amount of Federal Funds Obligated by this Action**

\$0

20 a. Direct Cost Amount

\$0

20 b. Indirect Cost Amount

\$0

21. Authorized Carryover**22. Offset****23. Total Amount of Federal Funds Obligated this budget period**

\$0

24. Total Approved Cost Sharing or Matching, where applicable

\$0

25. Total Federal and Non-Federal Approved this Budget Period

\$0

26. Project Period Start Date 09/01/2021 – End Date 03/24/2025**27. Total Amount of the Federal Award including Approved Cost**

\$5,599,279

Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Katrina Morgan

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



MHBG

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Notice of Award

Issue Date: 03/28/2025

Award Number: 6B09SM085360-01M002

FAIN: B09SM085360-01

Contact Person: Sarah Squirrell

Program: Block Grants for Community Mental Health Services

HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF
11 STATE HOUSE STA

AUGUSTA, ME 04333

Award Period: 09/01/2021 – 03/24/2025

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I) to HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF in support of the above referenced project. This award is pursuant to the authority of Subparts I&III,B,Title XIX,PHS Act/45 CFR Part96 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Katrina Morgan
Grants Management Officer
Division of Grants Management
katrina.morgan@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 6B09SM085360-01M002

FEDERAL FUNDS APPROVED:	\$5,599,279
AMOUNT OF THIS ACTION (FEDERAL SHARE):	\$0
CUMULATIVE AWARDS TO DATE:	\$5,599,279
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:	\$0

Fiscal Information:

CFDA Number:	93.958
EIN:	1016000001A7
Document Number:	21B1MECMHSC6
Fiscal Year:	2021

IC	CAN	01
SM	C96D540	\$0

PCC: CMHS / OC: 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 6B09SM085360-01M002

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 6B09SM085360-01M002**REMARKS****Termination of CRSSA & ARP Awards - Non-Discretionary****Block Grant Notice of Award (NoA) Terms for Terminating COVID-19 Awards (CRSSA and ARP)**

During the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded several pandemic-related grants funded by the [Coronavirus Response and Relief Supplemental Appropriations Act](#) (CRRSA) which provided funds to respond to the coronavirus outbreak and the [American Rescue Plan](#) (ARP) Act which provided additional relief to address the continued impact of COVID-19.

The termination of this award is for cause. The block grant provisions at [42 U.S.C. 300x-55](#) permit termination if the state has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved. The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of 11:59PM EDT, March 24, 2025.

REPORTING REQUIREMENTS

In accordance with [45 CFR 96.30 \(4\)](#), block grant award recipients are required to provide a Financial Status Report (FFR) no later than 90 calendar days after March 24, 2025. Recipients must liquidate all obligations incurred under an award no later than 90 calendar days after March 24, 2025, which also coincides with the due date for submission of the FINAL SF-425, Federal Financial Report (FFR). Reimbursements after termination are allowable if the reimbursements result from obligations which were properly incurred on or before March 24, 2025.

Recipients are expected to cease all activities immediately and complete the reconciliation/liquidation process no later than 90 calendar days after the termination effective date. **SAMHSA does not approve extensions to the post-award 90 calendar day reconciliation/liquidation period.**

RESTRICTION ON THE DRAWDOWN OF FUNDS

The related Payment Management System account has been restricted from drawing down funding which now requires prior approval from SAMHSA.

PAYMENT REQUEST

Reimbursements after termination are allowable for obligations that were properly incurred on or before the effective date of the termination.

To request reimbursement, your organization must email your cognizant Grants Management Specialists (see contact information below) stating the amount requested and certifying in the email that all costs claimed for reimbursement are allowable, allocable, reasonable, and necessary and were incurred on or before the effective date of the termination, in accordance with 45 CFR 96.30 .

All requests for reimbursement must be submitted **no later than 90 calendar days from the effective date of the termination** to wendy.pang@samhsa.hhs.gov, katrina.morgan@samhsa.hhs.gov, and SAMHSAgrants@samhsa.hhs.gov. If approved, a follow-up email will be sent to you to submit your payment request to PMS only requesting the amount approved in SAMHSA's email response. Once you submit your payment request to PMS it will be reviewed for accuracy and either approved for drawdown or returned. SAMHSA does not approve extensions to the 90-calendar day post-award reconciliation/liquidation period.

As a reminder, PMS introduced a new mandatory field in the payment request screen at the subaccount level. This field, limited to 1,000 characters, will capture a justification from the grant recipient explaining the purpose of the payment request.

Opportunity for Hearing:

Block grant recipients may request a hearing to dispute this decision by submitting a written notice to the Substance Abuse and Mental Health Services Administration (SAMHSA) requesting a hearing within 15 calendar days of the date of this Notice of Award to: SAMHSAgrants@samhsa.hhs.gov. The request for a hearing must include a copy of this termination notice and a brief statement of why this decision should not be upheld.

Enclosure



Federal Register / Vol. 60, No. 68 / Monday, April 10,

1995 / Notices

The October 1994 notice required State Medicaid agencies to specify the reimbursement for the administration of the pediatric vaccines, and, if applicable, submit documentation of equal access, due by April 1 of each year, beginning April 1, 1995 (and which is effective July 1, 1995), as part of its obstetrical/pediatric payment rate State Medicaid plan amendment submittal. The notice also stated that if the State Medicaid agency elected to pay the maximum regional amount statewide, it need only specify this in its State plan amendment submittal (no additional documentation would have been needed). However, if the State Medicaid agency elected to vary the vaccine administration fee by geographic areas within the State, the State must list the administration fee, specify the methodology, and provide data for each geographic area where the maximum charges are not applied.

Additionally, the notice stated that,

because of the October 1, 1994 implementation date, the State plan amendment must have been submitted by December 31, 1994, and have been effective October 1, 1994. For the interim period of October 1, 1994,

through March 31, 1995, the notice provided that States may claim Federal matching funds for the costs of administration of vaccines to Medicaid-eligible children using the maximum charges or lower fees established on the basis of the guidance provided in the notice. For this interim State plan amendment, the State would have been required to submit the methodology to document access to immunizations but would not have been required to supply supporting data by which Medicaid beneficiary access to immunizations was assured. Beginning April 1, 1995, documentation of equal access to immunizations would have been required to be included as part of the yearly obstetrical/pediatric State plan amendment submittal in accordance with section 1926 of the Social Security Act.

II. Rescission of Access Guidelines

As a result of our preliminary review of public comments on the October 1994 notice regarding the documentation of access requirements, we are rescinding the requirement that States use the access guidelines to provide assurances of equal access, pending further evaluation.

Following are some of the problems

the commenters identified with the access requirements:

- Difficulties in obtaining current data on the number of children in the general population who have received

immunizations, despite the fact that States have data on the number of Medicaid children who have been immunized.

· **Difficulties in obtaining private** insurance information only on administration fee reimbursement. It is unlikely that private insurance companies will have a reimbursement rate that only covers the provider's costs for administration of the immunization.

· **Difficulties in obtaining useable** data currently. These problems stem from the fact that some States have not yet implemented the VFC Program for private providers.

· **Difficulties in obtaining VFC** Program reimbursement data. Due to the October 1, 1994, implementation date, most of the claims data that would be used to document access in April 1995 would reflect provider participation based on the current reimbursement system rather than reimbursement through the VFC program.

· **Difficulties in obtaining reliable and** meaningful measures of access. Commenters urged HCFA to develop meaningful measures of access for vaccines and for all other obstetrical and pediatric services.

As a result of the rescission of the access guidelines, States will not be required to provide a methodology or data to document that payment levels are sufficient to enlist enough providers so that immunizations under the State plan are available to Medicaid recipients at least to the extent that those services are available to the general population.

HCFA is forming a workgroup that will examine alternative measures of access to vaccines. After this examination is completed, we will evaluate the various suggestions of the group and formulate specific guidelines for States. These guidelines, along with responses to all other timely public comments on the October 3, 1994, notice, will be published in a final **Federal Register** document.

In accordance with the provisions of Executive Order 12866, this notice has been reviewed by the Office of Management and Budget. (Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: February 5, 1995.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: March 2, 1995. **Donna E. Shalala, Secretary.**

[FR Doc. 95-8646 Filed 4-4-95; 4:13 am]

BILLING CODE 4120-01-P

Substance Abuse and Mental Health Services Administration

Hearing Procedures for Certain Issues Related to the Substance Abuse Prevention and Treatment and the Community Mental Health Services Block Grant Programs

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Notice.

SUMMARY: SAMHSA administers two block grant programs: the Substance Abuse Prevention and Treatment (SAPT) Block Grant Program and the Community Mental Health Services (CMHS) Block Grant Program, both of which are authorized by Title XIX of the Public Health Service (PHS) Act.

Section 1945(e) of the PHS Act provides a State the opportunity for a hearing on certain noncompliance issues relating to the block grants prior to the Secretary taking final action against the State. To the extent that the hearing procedures contained in 45 CFR part 96, subpart E, 42 CFR part 50, subpart D, or 45 CFR part 16 do not apply to the noncompliance issue raised, the guidelines established below for hearings will apply to assist in providing a prompt and orderly hearing. When these procedures are applicable, the State will be provided a copy of the procedures with the notice of noncompliance.

These procedures are currently effective. However, we are inviting comments from the public on the procedures and such comments are to be sent to the information contact person identified immediately below within 60 days from the date of this publication. Comments received will be carefully considered and may cause the procedures to be revised.

FOR FURTHER INFORMATION CONTACT:

Richard Kopanda, Acting Executive Officer, SAMHSA, 5600 Fishers Lane, Room 12–105, Rockville, MD 20857,
Telephone No. (301) 443–3875.

Hearing Procedures

Sec. 1. Limitations on Issues Subject to Review During the Hearing

The scope of review shall be limited to (a) the facts relevant to the noncompliance at issue, and (b) the necessary interpretations of those facts, any applicable regulations, and other relevant law. The legal validity of any regulations or statutes shall not be subject to review under these procedures.

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Sec. 2. The Request for a Hearing and the Hearing Official's Response

(a) The State must submit a written notice to the Substance Abuse and Mental Health Services Administration (SAMHSA) requesting a hearing within 15 days of the date of the notice of noncompliance (which will set forth the reasons for the finding of noncompliance and be accompanied by a copy of these hearing procedures), unless some other time period is agreed to by the parties. The written notice must be sent to (*name and address of person identified in the letter to the State*). The written notice requesting a hearing must include a copy of the notice of noncompliance and a brief statement of why the decision of noncompliance is wrong.

(b) Within ten days after receiving the request for review, SAMHSA will send an acknowledgment, identify the hearing official and advise the State of the next steps.

Sec. 3. The Procedures for Development of the Hearing File and Submission of Written Argument

The procedures for development and the submission of written argument are as follows:

(a) *State's documents and briefs.* Within 30 days after receiving the acknowledgment of the request for a hearing, the State shall submit to the hearing official the following (with a copy of SAMHSA at the address listed in sec. 2):

(1) A written statement, not to exceed 20 double-spaced pages, explaining why the Government's determination of noncompliance is wrong.

(2) A review file containing the documents supporting the State's argument, tabbed and reasonably organized, and accompanied by an index identifying each document. Only essential documents should be submitted to the hearing official.

(b) *SAMHSA's Documents and Brief.* Within 30 days after receiving the State's submission, SAMHSA shall submit to the hearing official the following (with a copy to the State):

(1) A written statement, not exceeding 20 double-spaced pages in length, responding to the State's brief.

(2) A review file containing documents supporting the Government's decision of noncompliance, tabbed and reasonably organized, and accompanied by an index identifying each document. Only essential documents should be submitted to the hearing official.

(c) *The State's Reply Brief.* Within 15 days after receiving SAMHSA's

submission, the State may submit a short reply not to exceed 10 double-spaced pages (with a copy to SAMHSA at the address listed in sec. 2).

Sec. 4. Opportunity for Oral Presentation

(a) *Electing Oral Presentation.* Either the Federal Government or the State may request the opportunity for an oral presentation by submitting such a request in writing to the hearing official on or before the date the State is to submit its reply brief under section 3(c). The hearing official will grant the request if the official determines that a genuine and substantial issue of fact has been raised by the material submitted and that the consideration of the issue will benefit from an oral presentation. The hearing official may also upon his or her initiative request an oral presentation by the parties.

(b) *Preliminary Conference.* The hearing official may hold a prehearing conference (usually a telephone conference call) to consider any of the following: Simplifying and clarifying issues; stipulations and admissions; limitations on evidence and witnesses that will be presented at the hearing; time allotted for each witness and the hearing altogether; scheduling the hearing; and any other matter that will assist in the review process. Normally, this conference will be conducted informally. The hearing official may, at his or her discretion, produce a written document summarizing the conference or transcribe the conference, either of which will be made a part of the record.

(c) *Time and Place of Oral Presentation.* The hearing official will attempt to schedule the oral presentation, if granted, within 30 days of the date of the last reply brief. The oral presentation will be held at a time and place determined by the hearing official following consultation with the parties.

(d) *Conduct of the Oral Presentation.*

(1) *General.* The hearing official is responsible for conducting the oral presentation. The hearing official may be assisted by one or more of his or her employees or consultants in conducting the oral presentation and hearing the evidence. While the oral presentation will be kept as informal as possible, the hearing official may take all necessary steps to ensure an orderly proceeding.

(2) *Admission of Evidence.* The formal rules of evidence do not apply and the hearing official will generally admit all testimonial evidence unless it is clearly irrelevant, immaterial, or unduly repetitious. Each party may make an opening and closing statement, may present witnesses as agreed upon in the

prehearing conference or otherwise, and may question the opposing party's witnesses. Since the parties have ample opportunity to prepare the review file, a party may introduce additional documentation during the oral presentation only with the permission of the hearing official. The hearing official may question witnesses directly and take such other steps necessary to ensure an effective and efficient consideration of the evidence, including setting time limitations on direct and cross-examinations.

(3) *Transcripts*. The hearing official may have the oral presentation transcribed and, if so transcribed, the transcript shall be made a part of the record. Either party may request a copy of the transcript and the requesting party shall be responsible for paying for its copy of the transcript.

(e) *Obstruction of Justice or Making of False Statements*. Obstruction of justice or the making of false statements by a witness or any other person may be the basis for a criminal prosecution under 18 U.S.C. 1505, 1001, or related statutes or regulations.

(f) *Post-hearing Procedures*. At his or her discretion, the hearing official may require or permit the parties to submit post-hearing briefs or proposed findings and conclusions. Each party may submit comments on any major prejudicial errors in the transcript.

Sec. 5. Burden of Proof

In all cases, the Government bears the burden of proving by a preponderance of the evidence that the State has not complied with the relevant provisions of the law. However, if a State is required to expend or otherwise account for money in a particular manner, the State shall have the burden of producing audible records to show how the money was spent or otherwise accounted for or there will be a presumption created that the State did not expend or otherwise account for the funds correctly.

Sec. 6. Ex Parte Communications

Except for minor or routine administrative and procedural matters, a party shall not communicate with the hearing official or his or her staff on the matter without notice to the other party. All written communications to the hearing official shall simultaneously be submitted to the other party.

Sec. 7. Transmission of Written Communications and Calculation of Deadlines

(a) Because of the importance of a timely review, all written communications are to be transmitted by facsimile or overnight express mail.

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The date of transmission (for facsimile) or the day following mailing (for overnight mail) will be considered the date of receipt.

(b) In counting days, include

Saturdays, Sundays, and holidays. However, if a due date falls on a Saturday, Sunday, or Federal holiday, then the due date is the next Federal working day.

Sec. 8. Appointment of and Authority and Responsibilities of Hearing Official

There shall only be one hearing official appointed to the case and that hearing official shall be appointed by the Administrator of SAMHSA. In addition to any other authority specified in these procedures, the hearing official shall have the authority to issue orders; examine witnesses; take all steps necessary for the conduct of an orderly

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copy of the recommendation to the State and SAMHSA.

(b) *Date of Recommendation.* The hearing official will attempt to issue his or her recommendation within 15 days of the date of the oral presentation, the date on which the transcript is received, or the date of the last submission by either party, whichever is later. If there is no oral presentation, the recommendation will normally be issued within 15 days of the date of receipt of the last reply brief. Once issued, the hearing official will immediately communicate the recommendation to each party.

Dated: March 28, 1995. **Nelba Chavez, Administrator.**

[FR Doc. 95-8648 Filed 4-7-95; 8:45 am]

BILLING CODE 4162-20-M

telephone (202) 708-0050. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

SUPPLEMENTARY INFORMATION: The Department has submitted the proposals for the collections of information, as described below, to OMB for review, as required by the Paperwork Reduction act (44 U.S.C. Chapter 35).

The Notices list the following information: (1) The title of the information collection proposal; (2) the office of the agency to collect the information; (3) the description of the need for the information and its proposed use; (4) the agency form number, if applicable; (5) what members of the public will be affected by the proposal; (6) an estimate of the total hearing; rule on requests and motions; _____ grant extensions of time for good

number of hours needed to prepare the information submission including reasons; dismiss for failure to meet deadlines or other requirements; order the parties to submit relevant information or witnesses; remand a case for further action by the respondent; waive or modify these procedures in a specific case, usually with notice to the parties; reconsider a decision where a party promptly alleges a clear error of fact or law; and to take any other action necessary to resolve disputes in accordance with the objectives of these procedures.

Sec. 9. Administrative Record

The administrative record of review consists of the review file including the government's notice and the State's request for a hearing; other submissions by the parties; transcripts or other records of any meetings, conference calls, or oral presentation; evidence submitted at the oral presentation; and orders and other documents issued by the hearing official.

Sec. 10. Written Recommendation

(a) *Issuance of Recommendation.* The hearing official shall issue a written recommendation on the case which will be transmitted to the Secretary for a final decision. The written recommendation will set forth the reasons for the recommendation and describe the basis therefore in the record. The hearing official will send a

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. N-95-3910]

Office of Administration; Notice of Submissions of Proposed Information Collections to OMB

AGENCY: Office of Administration, HUD.

ACTION: Notices.

SUMMARY: The proposed information collection requirements described below have been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comment on the subject proposals.

ADDRESSES: Interested persons are invited to submit comment regarding these proposals. Comments must be received within thirty (30) days from the date of this Notice. Comments should refer to the proposal by name and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT:

Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, Southwest, Washington, DC 20410,

number of respondents, frequency of response, and hours of response; (7) whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement; and (8) the names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

Authority: Section 3507 of the Paperwork Reduction Act, 44 U.S.C. 3507; Section 7(d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: April 3, 1995.

David S. Cristy,

Acting Director, Information Resources, Management Policy and Management Division.

Notice of Submission of Proposed Information Collection to OMB

Proposal: Financial Statement.

Office: Housing.

Description Of The Need For The Information And Its Proposed Use: This form is used by HUD in determining factors involved when compromises are reached with borrowers to lighten the financial burdens in given cases of Title I Home Improvement and Mobile Home Loans.

Form Number: HUD-56142.

Respondents: Individuals or Households.

Reporting Burden:

	Number of respondents	Frequency of response	Hours per response	=	Burden hours
HUD-56142	1,258	1	1		1,258

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

Kisha Ledlow, Program Official

Phone: 240-276-4997 **Email:** Kisha.Ledlow@samhsa.hhs.gov

Wendy Pang, Grants Specialist

Phone: (240) 276-1419 **Email:** wendy.pang@samhsa.hhs.gov **Fax:** (240) 276-1430



Recipient Information

1. Recipient Name

HEALTH AND HUMAN SERVICES, MAINE
DEPARTMENT OF
109 CAPITOL ST

AUGUSTA, ME 04330

2. Congressional District of Recipient

01

3. Payment System Identifier (ID)

1016000001C1

4. Employer Identification Number (EIN)

016000001

5. Data Universal Numbering System (DUNS)

809045594

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

JESSICA POLLARD

Jessica.pollard@maine.gov
207-287-2595

8. Authorized Official

jessica.pollard@maine.gov

Federal Agency Information

9. Awarding Agency Contact Information

Wendy Pang
Grants Management Specialist
Center for Substance Abuse Treatment
wendy.pang@samhsa.hhs.gov
(240) 276-1419

10. Program Official Contact Information

Donna Belcher-Barber
Project Officer
Center for Substance Abuse Treatment
donna.belcher-barber@samhsa.hhs.gov
(240) 276-2409

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Federal Award Information

11. Award Number

1B08TI083944-01

12. Unique Federal Award Identification Number (FAIN)

B08TI083944

13. Statutory Authority

Subparts II&III,B,Title XIX,PHS Act/45 CFR Part96

14. Federal Award Project Title

Substance Abuse Prevention & Treatment Block Grant

15. Assistance Listing Number

93.959

16. Assistance Listing Program Title

Block Grants for Prevention and Treatment of Substance Abuse

17. Award Action Type

New Competing

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2021 – End Date 09/30/2025

20. Total Amount of Federal Funds Obligated by this Action	\$5,640,385
20 a. Direct Cost Amount	\$5,640,385
20 b. Indirect Cost Amount	\$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	\$5,640,385
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$5,640,385

26. Project Period Start Date 09/01/2021 – End Date 09/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$5,640,385
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28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Odessa Crocker

EXHIBIT M



SABG
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Notice of Award

Issue Date: 05/17/2021

Award Number: 1B08TI083944-01

FAIN: B08TI083944-01

Contact Person: JESSICA POLLARD

Program: Substance Abuse Prevention & Treatment Block Grant

HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF
109 CAPITOL ST

AUGUSTA, ME 04330

Award Period: 09/01/2021 – 09/30/2025

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$5,640,385 (see “Award Calculation” in Section I) to HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF in support of the above referenced project. This award is pursuant to the authority of Subparts II&III,B,Title XIX,PHS Act/45 CFR Part96 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1B08TI083944-01

FEDERAL FUNDS APPROVED:	\$5,640,385
AMOUNT OF THIS ACTION (FEDERAL SHARE):	\$5,640,385
CUMULATIVE AWARDS TO DATE:	\$5,640,385
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS:	\$0

Fiscal Information:

CFDA Number:	93.959
EIN:	1016000001C
	1
Document Number:	21B1MESAP
Fiscal Year:	TC6
	2021

IC	CAN	01
TI	C96D570	\$5,640,385

PCC: SAPT / OC: 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 1B08TI083944-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1B08TI083944-01

STANDARD TERMS AND CONDITIONS

SABG FY2021 ARPA funding

Remarks:

This Notice of Award (NoA) provides American Rescue Plan Act (ARPA) Supplemental Funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program, in accordance with H.R. 1319 - American Rescue Plan Act of 2021. Consistent with HHS Disaster Relief Flexibilities, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements for the SABG as deemed necessary to facilitate a grantee's response to coronavirus.

A proposal of the state's spending plan must be submitted by July 2, 2021 via the Web Block Grant Application System (WebBGAS). Using the WebBGAS Revision Request for the FFY 2021 Block Grant Application, grantees are required to upload the Plan document (Microsoft Word or pdf), using the associated tab in the State Information Section, Chief Executive Officer's Funding Agreement – Certifications and Assurances/Letter Designating Signatory Authority [SA]. Please title this document "ARPA Funding Plan 2021-SA" (States must upload separate proposals based on MHBG and SABG guidance into the WebBGAS system.

Further information on this is included in the letter from Acting Assistant Secretary for Mental Health and Substance Use, Tom Coderre.

Standard Terms of Award:

1) Acceptance of the Terms of an Award

By drawing or otherwise obtaining funds from the HHS Payment Management System, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. Except for any waiver granted explicitly elsewhere in this section, this award does not constitute approval for waiver of any Federal statutory/regulatory requirements for a SABG. Once a recipient accepts an award, the contents of the Notice of Award (NoA) are binding on the recipient unless and until modified by a revised NoA signed by the GMO.

Certification Statement:

By drawing down funds, The recipient agrees to abide by the statutory requirements of all sections of the Substance Abuse Prevention and Treatment Block Grant (SABG) (Public Health Service Act, Sections 1921-1935 and sections 1941-1957) (42 U.S.C. 300x-21-300x-35 and 300x-51-300x-67, as amended), and other administrative and legal requirements as applicable for the duration of the award.

2) Availability of Funds

Funds provided under this grant must be obligated and expended by September 30, 2025.

3) Fiscal and administrative requirements

This NoA issued is subject to the administrative requirements for HHS block grants under 45 CFR Part 96, as applicable, and 45 CFR Part 75, as specified. Except for section 75.202 of Subpart C, and sections 75.351 through 75.353 of Subpart D, the requirements in Subpart C, Subpart D, and Subpart E do not apply to this program (reference 45 CFR Part 75 Subpart B, 75.101(d)).

Fiscal control and accounting procedures - Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.

ARPA funding is being issued under a separate grant award number and has a unique subaccount in the Payment Management System. Accordingly, ARPA funds must be tracked and reported separately from other FY 2021 awarded funds, including COVID-19 Supplemental funding and the Annual Block Grant Allotment.

Audits - Grantees and subgrantees are responsible for obtaining audits in accordance with the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) and revised OMB Circular A-133, “Audits of State, Local Governments, and Non-Profit Organizations.” The audits shall be made by an independent auditor in accordance with generally accepted Government auditing standards covering financial audits.

Except for any waiver granted explicitly elsewhere in this section, this award does not constitute approval for waiver of any Federal statutory/regulatory requirements for a SABG.

4) Flow-down of requirements to sub-recipients

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients, in accordance with 45 CFR 75.351-75.353, Sub-recipient monitoring and management.

5) Executive Pay

The Consolidated Appropriations Act, 2021 (Public Law 116-260), signed into law on December 27, 2020 restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. Effective January 3, 2021, the salary limitation for Executive Level II is \$199,300.

For awards issued prior to this change, if adequate funds are available in active awards, and if the salary cap increase is consistent with the institutional base salary, recipients may re-budget to accommodate the current Executive Level II salary level. However, no additional funds will be provided to these grant awards.

6) Marijuana Restriction:

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

7) SAM and DUNS Requirements

THIS AWARD IS SUBJECT TO REQUIREMENTS AS SET FORTH IN 2 CFR 25.110 CENTRAL CONTRACTOR REGISTRATION CCR (NOW SAM) AND DATA UNIVERSAL NUMBER SYSTEM (DUNS) NUMBERS. 2 CFR Part 25 - Appendix A4

System of Award Management (SAM) and Universal Identifier Requirements

A. Requirement for System of Award Management:

Unless you are exempted from this requirement under 2 CFR 25.110, you, as the recipient, must maintain the currency of your information in the SAM, until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

B. Requirement for unique entity identifier If you are authorized (reference project description) to make subawards under this award, you:

1. Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you, unless the entity has provided its unique entity identifier to you.
2. May not make a subaward to an entity, unless the entity has provided its unique entity identifier to you.

C. Definitions. For purposes of this award term:

1. System of Award Management (SAM) means the federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM Internet site (currently at: <http://www.sam.gov>).
2. Unique entity identifier means the identifier required for SAM registration to uniquely identify business entities.
3. Entity, as it is used in this award term, means all of the following, as defined at 2 CFR Part 25, Subpart C:

a. A governmental organization, which is a state, local government, or Indian Tribe; b. A foreign public entity; c. A domestic or foreign nonprofit organization; d. A domestic or foreign for-profit organization; and e. A Federal agency, but only as a sub-recipient under an award or sub-award to a nonfederal entity.

4. Sub-award:

a. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible sub-recipient. b. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see 2 CFR 200.330). c. A sub-award may be provided through any legal agreement, including an agreement that you consider a contract.

5. Sub-recipient means an entity that: a. Receives a sub-award from you under this award; and b. Is accountable to you for the use of the federal funds provided by the sub-award.

8) Federal Financial Accountability and Transparency Act (FFATA)

Reporting Subawards and Executive Compensation, 2 CFR, Appendix A to Part 170

a. Reporting of first tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if

i. the total Federal funding authorized to date under this award is \$25,000 or more;
ii. in the preceding fiscal year, you received (A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and (B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. Where and when to report. You must report executive total compensation described in paragraph b. 1. of this award term:

i. As part of your registration profile at <https://www.sam.gov>.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly

compensated executives for the subrecipient's preceding completed fiscal year, if

- i. in the subrecipient's preceding fiscal year, the subrecipient received (A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and (B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and
- ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c. 1. of this award term:

- i. To the recipient.
- ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

- i. Subawards, and
- ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:
 - i. A Governmental organization, which is a State, local government, or Indian tribe;
 - ii. A foreign public entity;
 - iii. A domestic or foreign nonprofit organization;
 - iv. A domestic or foreign for-profit organization;
 - v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.
2. Executive means officers, managing partners, or any other employees in management positions.
3. Subaward:
 - i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

- ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ___. 210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations).
- iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that: i. Receives a subaward from you (the recipient) under this award; and ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

- i. Salary and bonus.
- ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.
- iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- v. Above-market earnings on deferred compensation which is not tax-qualified. vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000. [75 FR 55669, Sept. 14, 2010, as amended at 79 FR 75879, Dec. 19, 2014]

9) Mandatory Disclosures

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS Office of Inspector General (OIG), all information related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

U.S. Department of Health and Human Services Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue,
SW, Cohen Building Room 5527 Washington, DC 20201
Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email:

MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 remedies for noncompliance, including suspension or debarment (see 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

10) The Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(G)), as amended, and 2 C.F.R. PART 175

The Trafficking Victims Protection Act of 2000 authorizes termination of financial assistance provided to a private entity, without penalty to the Federal government, if the recipient or subrecipient engages in certain activities related to trafficking in persons. SAMHSA may unilaterally terminate this award, without penalty, if a private entity recipient, or a private entity subrecipient, or their employees: a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect; b) Procure a commercial sex act during the period of time that the award is in effect; or, c) Use forced labor in the performance of the award or subawards under the award. The text of the full award term is available at 2 C.F.R. 175.15(b). See <http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-sec175-15.pdf>.

11) Drug-Free Workplace Requirements

The Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq.) requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. When the AR signed the application, the AR agreed that the recipient will provide a drug-free workplace and will comply with the requirement to notify SAMHSA if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. Government wide requirements for Drug-Free Workplace for Financial Assistance are found in 2 CFR part 182; HHS implementing regulations are set forth in 2 CFR part 382.400. All recipients of SAMHSA grant funds must comply with the requirements in Subpart B (or Subpart C if the recipient is an individual) of Part 382.

12) Lobbying

No funds provided under the attached Notice of Award (NoA) may be used by you or any sub-recipient under the grant to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. The prohibition relates to the use of federal grant funds and is not intended to affect your right or that of any other organization, to petition Congress or any other level of government, through the use of other nonfederal resources. Reference 45 CFR Part 93.

13) Accessibility Provisions

Grant recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age, and in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see

<http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at <https://www.hhs.gov/civil-rights/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note that it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6>.

14) Audits

Non-Federal recipients that expend \$750,000 or more in federal awards during the recipient's fiscal year must obtain an audit conducted for that year in accordance with the provisions of 45 CFR 96.31.

Recipients are responsible for submitting their Single Audit Reports and the Data Collections Forms (SF-FAC) electronically to the Federal Audit Clearinghouse Visit disclaimer page (FAC) within the earlier of 30 days after receipt or nine months after the FY's end of the audit period. The FAC operates on behalf of the OMB.

For specific questions and information concerning the submission process: Visit the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb> or Call FAC at the toll-free number: (800) 253-0696

Reporting Requirements:

Federal Financial Report (FFR)

The recipient is required to submit a Federal Financial Report (FFR) 90 days after the close of the performance period (project period). The SF-425 shall report total funds obligated and total funds expended by the grantee.

Effective January 1, 2021, award recipients are required to submit the SF-425 Federal Financial Report (FFR) via the Payment Management System (PMS). If the individual responsible for FFR submission does not already have an account with PMS, please [contact PMS](#) to obtain access.

Recipients must liquidate all obligations incurred under an award not later than ninety (90) days after the end of the award obligation and expenditure period (i.e., the project period) which also coincides with the due date for submission of the FINAL SF-425, *Federal Financial Report* (FFR). After ninety (90) days, letter of credit accounts are locked. SAMHSA does not approve extensions to the ninety (90) day post-award reconciliation/liquidation period. Therefore, recipients are expected to complete all work and reporting within the approved project period and the aforementioned 90-day post-award reconciliation/liquidation period. Recipients (late) withdrawal requests occurring after the aforementioned periods are denied. In rare instances, SAMHSA

may approve an extension to submit a FINAL SF-425 FFR report, but this is *not* an extension of the 90-day post award reconciliation/liquidation period, but rather only an extension to submit the Final SF-425 report (FFR).

Annual Report

Reporting on the ARPA funding is required. States must prepare and submit their respective reports utilizing WebBGAS. Failure to comply with these requirements may cause the initiation of enforcement actions that can culminate in discontinuation of SABG grants.

Your assigned SABG Program Official will provide further guidance and additional submission information.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

Donna Belcher-Barber, Program Official
Phone: (240) 276-2409 **Email:** donna.belcher-barber@samhsa.hhs.gov

Wendy Pang, Grants Specialist
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Dated 3/24From: katrina.morgan@samhsa.hhs.gov <katrina.morgan@samhsa.hhs.gov>
Sent: Monday, March 24, 2025 5:50 PM
To: Squirrell, Sarah <Sarah.Squirrell@maine.gov>; Squirrell, Sarah <Sarah.Squirrell@maine.gov>
Cc: Kisha.Ledlow@samhsa.hhs.gov; wendy.pang@samhsa.hhs.gov; eracorrespondence@od.nih.gov
Subject: B09SM085360: Termination Notice for COVID-19 Grant Funding

EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Single State Authority Director and State Mental Health Commissioner,

During the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded several pandemic-related grants including the funded [Coronavirus Preparedness and Response Supplemental Appropriations Act](#), 2020 (H.R.6074) (CRRSA) which provided funds to respond to the coronavirus outbreak and the [American Rescue Plan](#) (ARP) Act of 2021(H.R. 1319) which provided additional relief to address the continued impact of COVID-19 (i.e., coronavirus disease 2019) on the economy, public health, state and local governments, individuals, and businesses.

*On April 10, 2023, President Biden signed [PL 188-3](#) terminating the national emergency concerning the COVID-19 pandemic. Consistent with the President's Executive Order 14222, *Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative requiring a comprehensive review of SAMHSA grants, and where appropriate and consistent with applicable law, terminate such grants to reduce the overall Federal spending **this grant is being terminated effective March 24, 2025**. These grants were issued for a limited purpose: To ameliorate the effects of the pandemic. The end of the pandemic provides cause to terminate COVID-related grants. Now that the pandemic is over, the grants are no longer necessary.**

In accordance with [45 CFR 96.30 \(4\)](#), block grant award recipients are required to provide a Financial Status Report (FFR) within 90 days of the close of the applicable statutory grant period. Recipients must liquidate all obligations incurred under an award after the end of the award obligation and expenditure period (i.e., the project period) which also coincides with the due date for submission of the FINAL SF-425, Federal Financial Report (FFR). Reimbursements after termination are allowable if it results from obligations which were properly incurred before the effective date of this termination.

Recipients are expected to complete all work immediately and the reconciliation/liquidation process no later than 90-days after the award period end date.

The related Payment Management System accounts will be restricted from drawdown going further. Additional information will be provided in the revised Notice of Award that will be issued to initiate the award period end date.

[[Correspondence Token: 1a216ca1-7e3e-49dc-8d97-4cae8546ee0e]] -- Do not delete or change this line.

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Please "Reply All" and do NOT delete eracorrespondence@nih.gov from the list of recipients or change the subject line.